CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

EP 2007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls & 1 positive for hospital

C. P. Force Records Management Officer 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Missing

48001-48006

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48507

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Bashiller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* *Days.*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 68 Franklin St.

Cause of Death, First, (Primary.) Consumption of Lungs.

Second, (Immediate.)

Duration of Last Sickness, For several Years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June. 9 - 1881

Undertaker, Hemsley & Madden

Place of Business, —

D. H. Kauff M.D.,
Medical Attendant.

Address, 4 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48408

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 48508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nada Izawaki

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 3 Bartlett Pr

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 3 Bartlett Pr

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Congestion.

Duration of last Sickness, 3 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cemetery

Date of Burial, June 11 81

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

C. E. Wells, M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and in cases of births and deaths of illegitimate

Board of Health, City of Baltimore,

Permit No. 48509

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Birkhead

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, wht

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 107 - S - Bappleton st

Cause of Death, { First, (Primary.) Pseudo-membranous croup
Second, (Immediate.) }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 11

Undertaker, Joseph H Eareckson

Place of Business, 70 West Baltimore st

H J. Hauck M.D.,
Medical Attendant.

Address, Cary & Baltimore sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48670 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Krapf.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* (3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 175 West

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 11th 1881

Undertaker, Daniel Flynn

Place of Business, West St

R. J. N. Tall M.D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48511

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Delevy

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16. Fradenhall St

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemety

Date of Burial, June 11th 1881

Undertaker, F. A. Kerchner

Place of Business, ———

James H Steuart M.D.,

~~Medical Attendant.~~

Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by I. E. Durding

Board of Health, City of Baltimore,

Permit No. 48572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellen Taffany.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* 13 *Days.*

Color, White -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City -

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Protestant Hosp. - Cary St.

Cause of Death, First, (Primary.) Acute Art Rheumatism

Second, (Immediate.) Heart Disease - Valves involved Mitral -

Duration of Last Sickness, about 16 months -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10th

Undertaker, C. H. Blizzard

Place of Business, 201 Penna. ave

A. Ricketts M.D.,

Medical Attendant.

Address, 530 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

Date of Death, 10th. June 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Worner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} Gough Street 166.

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate,) During Lifetime.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 1st June 1881

Undertaker, M. Funk

Place of Business, 35 Bank St

William Horne M. D.
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48514

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1901 May 4th 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible], Sweeten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 248 N. Gaulden St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 2 PM

Undertaker, F. C. & R. Randall

Place of Business, 12 King St *Address,* 17 Linn

York Road Govanstown &c

J. J. Guy M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa McGoggin

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 68 Granby St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, Abt 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 12/81

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross Sts

Geo. L Kinnamon M.D.,
Medical Attendant.

Address, 72 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48516

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Hann

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, ~~Single~~ ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Hanover St near Spring Gardens

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, June 12th 1881

Theodore Cole M.D.,
Medical Attendant.

Undertaker, Jacob Koehler

Place of Business, Sharp & Cross *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 4857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ...

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 181 Park

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1881

Undertaker, H Whelan

Place of Business, 68 Hanover St

W. S. Bonzo *M.D.,*

Medical Attendant.

Address, 206 Clay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} Park St 19

Cause of Death { First, (Primary,) [illegible] Second, (Immediate,) Premature Labor

Duration of last Sickness, [illegible]

Sex, (Male) Female) (Illegitimate) Twins (Triplets)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 11th 1891

H Jones M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address,* No. 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48579

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nameless (Twin)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/48 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Park ave

Cause of Death, First, (Primary.) Premature Labor

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 11 1881

Undertaker, Andrews & Hodges

Place of Business, 6 Druid Hill ave

[redacted] M.D.,

~~Medical Attendant.~~

Physician

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48520

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

Date of Death, 10th June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katrina Dier Gardiner

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 59 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany ~~359 Hillman St~~

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 118. 359 William

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Diabetis Mellitus

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, 12th June 1881

Undertaker, C. H. Krause

Place of Business, 209 Hanover St Baltimore Md

A. M. Dodge M.D.,

Medical Attendant.

Address, 201 Hanover St. Baltimore Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48521

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Scott

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Marsh Alley nr. Lafayette Avenue Institution

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1881

Undertaker, Wm. H. Dungan

Place of Business, No 62 East Lr.

Jno Lamar Scott M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

48522

Board of Health, City of Baltimore,

Permit No. 48.522

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Morris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 15 E Lombard St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gallo. Cem.

Date of Burial, June 12th 81

Undertaker, Henry Lawson

Place of Business, 252 Canton Ave

James E Donnelly M.D.,
Medical Attendant.

Address, 771 E Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48523

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Bennet

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} n Spring 21 No 68

Cause of Death, First, (Primary.) Heart disease dropsy

Second, (Immediate.) Spasm of heart

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1881

Undertaker, Thos J Locks

Place of Business, 418 Jefferson

E. C. Baldwin M.D.,
Medical Attendant.

Address, 121 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 148524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clement Weber

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 1 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Pearl St 32

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12 June

Undertaker, Philipp Lowdes

Place of Business, 35 E. Eutaw St.

Dr. F. Reinhard M. D.
Medical Attendant.

Address. 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Burns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland - 15 yrs in U. States

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 609 W Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 12th June, 1881

Undertaker, Matthew Cudlipp

Place of Business, 227 Mulberry St. *Address,*

Alexander Tinsley M.D.,
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41326

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
JUN 7
1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Speard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, about 21 years

Place of Death, {Give street and number.} 151 West St

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Hart Cemetery

Date of Burial, June 12

Undertaker, John H. Owens

Place of Business, 225 Eastern Ave

D. [illegible] M.D.,

~~Medical Attendant.~~ Coroner

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Joseph

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 2 *Months,* —— *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md (Bay View Asylum)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, {First (Primary,) (Exposure before brought in the institution} {Second (Immediate,) Pneumonia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 12 "1881

Undertaker, Patrick Mullin

Place of Business, ——

C. J. Ward M.D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard H Guttridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Five *Months,* thirteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Ramsay St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Collapse

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 11

Undertaker, Joseph B Cook

Place of Business, 707 W Balto St *Address,* 47 Cannon St,

De Lancey H Barclay M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48529

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Morning June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Hansen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 52 Lurman St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 52 Lurman St

Cause of Death, First, (Primary,) Erysipelas Idiopathic commenced at the genitals & thence pervaded the whole body

Second, (Immediate,) Anasarka Prostration from Vomiting

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Wm. H. Carmel Cemetery

Date of Burial, June 12

Undertaker, Wendell Dizzel

Place of Business, Bond St. 151 *Address,* 28 O Donnell St

J. C. Pritchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Board of Health, City of Baltimore,

Permit No. 48530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 108 S Caroline st.

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.) Cerebral Paralysis

Duration of Last Sickness, 8 years (One week)

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery P R.

Date of Burial, June 12th 1881

Undertaker, Lemmon & Butchett

Place of Business, 65 S Broadway

M. B Billingslea M.D.,
Medical Attendant.

Address, 1256 E John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Anna Bonahan

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Nine *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, { Give street and number } No 3 Bevans Court

Cause of Death, { First, (Primary,) Varicella

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 12 84

W. Lowe *M. D.*
Medical Attendant.

Undertaker, Murphy & Dunn

Place of Business, No 263 W. Pratt *Address,* 826 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11. 9.30 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Vogler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow, or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 80 Granby sth

Cause of Death { First, (Primary,) Cancer of the liver
Second, (Immediate,)

Duration of last Sickness, ~ 3 Yea

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt.

Date of Burial, June 13. 1881.

Undertaker, H. Hofmann.

Place of Business, 63 S. Edw

J. J. Litzer M. D.
Medical Attendant.

Address, 161 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Weglein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 Years, Seven Months, ____ Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 541 West Balto St

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number} 541 W Fayette St

Cause of Death, First, (Primary,) Obscure

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Christ Shalom Cemetery

Date of Burial, June 12th 1881

Undertaker, Jos B Coale

Place of Business, No 707 W Baltimore Street

Jos. E. Clagett M. D.

Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BOLLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48534

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 1881 BALTIMORE

Date of Death, June 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Ba[illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 272 E. Chew St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Six Months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1881

Undertaker, Conrad & Mitchell

Place of Business, 65 S. Broadway

Nicholas L. Dashiell M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 48535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 1881

Date of Death, June 11, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca D. Spickhard

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* 4 *Months,* 10 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number} 401 Franklin St

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate,)

Duration of last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co.

Date of Burial, June 12th

J. W. C. Cuddy *M. D.*
Medical Attendant.

Undertaker, Blackistone & Son

Place of Business, 22 S. Carey St *Address,* 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2216 Fremont

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th day of June 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Fred. Fahn~~ August Fahn

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } No 40 E. Lombard St.

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1881

Fred. Fiess M. D.
Medical Attendant.

Undertaker, Henry W. Mears *Address*

Place of Business, 46 N. Gay St 2 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 48537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Fleming Houchens.

Sex, Male or Female, { cross out the word not required in this line. }

Age, X *Years,* 7 *Months,* X *Days.*

Color;

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 298 Aisquith St

Cause of Death { First, (Primary,) Rubeola

, { Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, June 12th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

H. L. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 48 138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Micheal McCollough

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 207. Cocksie St

Cause of Death First, (Primary,) Always sickly. Subject to Spasms

Second, (Immediate,) & Heart Affected. ——

Duration of last Sickness, None last 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, June 12" 1881

Undertaker, M A Daiger

Place of Business, 74 S Broadway

E W Janney M. D.
Medical Attendant.

Address, Boston & Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48539

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 1891 BALTIMORE

Date of Death, c

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} a

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Back — Barn

Cause of Death, First, (Primary.) Accidentally Drowned

Second, (Immediate.) Supposed

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, June 11

Undertaker, Patrick Mullin

Place of Business,

Chas. M. Wolf M.D.,
Corner E.
Medical Attendant.

Address, E. & E. Balt. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 485240

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George J. Hartman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } City Hospital

Cause of Death, First, (Primary.) Suicide by Laudanum

Second, (Immediate.) Asthenia (Dr Lasser City Hosp)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th

Undertaker, George Schilling

Place of Business, 58 East Lyon

Edm'd Walker M.D.,

~~Medical Attendant~~.

Address, Coroner MPD

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jakolski

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 26 *Years,* *~~Months,~~* *~~Days.~~*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Poland Russia 15 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Harrison Str

Cause of Death, {First (Primary,) Phthisis Pulm. / Second (Immediate,)}

Duration of Last Sickness, 1 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Russian Congregation

Date of Burial, June 13 th 1881

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A Aronsohn M.D.
Medical Attendant.

Address 1145 Lisbon th Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48524/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Earl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } No 12 Abbott St.

Cause of Death, { First (Primary,) Diptheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem P.F. Bolton M. D.

Date of Burial, June 13th 1881 Medical Attendant.

Undertaker, F. Koehler

Place of Business, 244 E. Lombard *Address* S.E. Cor Gay & Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48543 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Holliday Trippe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Balto Co. Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 323 Linden Avenue

Cause of Death, First (Primary,) Acute Rheumatism

Second (Immediate,) Endocarditis.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 13th 1881

Undertaker, Thos D Hughes

Place of Business, 111 E Balto St *Address* 234 Madison Avenue

N. T. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 48547

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie D Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 429 N. Calhoun St

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Teething

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co

Date of Burial, June 13th 1881

Undertaker, Wm E Chenoweth

Place of Business, 336 Penna Ave, *Address,* 431 Penna Ave

H H Christian M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 48345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 2 *Months,* ..... *Days.*

Color, wht

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md —

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 104 Richmond st

Cause of Death, First, (Primary.) measles

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 13th 81

Undertaker, Law & Bartlett

Place of Business, 62½ W Balto St

G Lane Tanyhill M.D.,

Medical Attendant.

Address, 129 N. Eddle st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 48546

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Kinder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stone

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Fr. Louisa St.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} No 10 Josephine

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Weston Cem

Date of Burial, June 13th 1881

Undertaker, John H. Weaver

Place of Business, 1291 Pacca

Thos. H. Ormes M.D.,
Medical Attendant.

Address, No. 57 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 48547

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Jane Mullin.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cumberland, Md.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 88 Stockton St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) Asthenia.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13th 1881

Undertaker, Soane & Windle

Place of Business, 659 W. Baltimore St

H. Rickert, M.D.,
Medical Attendant.

Address, 500 Penna. Ave.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 483248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1891 BALTIMORE

Date of Death, June 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha A. Alice

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } D C

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11 & Caroline sts

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Congestion of Lungs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June [illegible] 91

Undertaker, Fry & [illegible]

Place of Business, 53 N Broadway *Address,* 313 Light st

H. H. Ellis *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal[illegible]

P[illegible] No. 48349

Office of Registrar of Vital Statistics.

[illegible]e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

Date of Death, June 12th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Hanak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 218 Hamburg St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Ivanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 14th

Undertaker, B. Clarke.

Place of Business, 452 West St.

R. J. N. Tall M.D.,
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 48530 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Palmyra Rena Kornbacher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 52 Ridgely Street

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 13th 1881

H. A. Holmes, M.D.,
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 86 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 48531

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Doherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Toronto, C. W.

Duration of Residence in the City of Baltimore, Eight (8) Months

Place of Death, {Give street and number.} N. W. Cor. Eutaw and Mt. Dallas

Cause of Death, First, (Primary.) Intercular Ulceration of the intestines

Second, (Immediate.) Asthenia

Duration of Last Sickness, Some years — 3 or 4

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 13th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

G. L. Willis M.D.,
Medical Attendant.

Address, 7 & 9 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 18532

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Kane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 156 S. Eden St.

Cause of Death, First, (Primary.) Acute Meningitis.

Second, (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 14th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 94 S. Broadway.

F. F. Enich M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Morning June 12th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Walter Frames Maloy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 32 McKim St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Phthisis

Duration of last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1881

Undertaker, Wm. N. Dunger

Place of Business, 62 East St

Wilmer Tomlow M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...DULANY & CO. CITY PRINTERS AND STATIONERS.

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unnamed Wadsworth Parents Carol E. Hayward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ Months, 6 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A Born

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} ~~No 227~~ E Fayette

Cause of Death, First, (Primary,) Bronchitis & measles Complicated

Second, (Immediate,) 4th day - in about 8th month. Exhaustion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Gloucester C. Va

Date of Burial, June 14th 1881

Undertaker, Jno S Mocher

Place of Business, Cor Pacca & Camden Sts

L. B. Andre M. D.
Medical Attendant.

Address, 1121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2217 Transit -

Board of Health, City of Bal...

Permit No. 48555

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

...TH DE... JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June. 12 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Melzger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # Goulds Lane.

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus. Ave"

Date of Burial, June 13-1881

Undertaker, B Hale,

Place of Business, 82 W Pratt

James A Steuart M.D.,

Commissioner of Health and Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

by Jos V. Fitzpatrick
Inspector

Board of Health, City of Bal...

Permit No. 48536

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1881 BALTIMORE

Date of Death, June 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Forest Place

Cause of Death, First, (Primary.) Premature birth.

Second, (Immediate.) Marasmus

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cimetery

Date of Burial, June 14

Undertaker, Singleton Ryan

Place of Business,

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years~~ *Months,* 6 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, {Give street and number} 32 Cliff near Dr

Cause of Death {First, (Primary,) Spasms.

{Second, (Immediate,)

Duration of last Sickness, One (1) Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14 1881

Undertaker, Geo R. Coates

Place of Business, No 707 N Baltimore Street *Address,* 287 W Lombard St

H. L. Spruce *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1881, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 48638

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Pitts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *10 Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bel Air Sat - In Rear of 97 Church St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 23 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1881

Undertaker, Abraham Wagman

Place of Business, 13 Saratoga

E. A. Gwynn ..... M.D.,

Medical Attendant.

Address, 137 Aisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Price

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 22 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 yrs 1869 & 1879

Place of Death, { Give street and number } 14 Druid Lane

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 15th 1881

Undertaker, Holl Jenkins & Co

Place of Business, 95 N Char

F. W. Wittenberg M. D.
Medical Attendant.

Address, 121 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 48560

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 12½ P.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Franc Redmon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 39 Albemarle

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14 1881

Undertaker, Thos. J. Murphy

Place of Business, 60 Eutaw St

James E. Duncan, M.D.,

Medical Attendant.

Address, 279 E. Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 48561

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Allman

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 83 years

Place of Death, { Give street and number. } 409 South Charles St

Cause of Death, First, (Primary.) old age

Second, (Immediate.) debility

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 15th 1881

Undertaker, C. F. Kranz

Place of Business,

A. N. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 48562 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas F Lang

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 10 Steuart

Cause of Death, First, (Primary.) —

Second, (Immediate.) Scarlatina Malignia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 15th.

Undertaker, P. L. Dill

Place of Business, 180 Columbia

Jno D Blake M.D.,
Medical Attendant.

Address, 6 S Pine St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Association of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Robertson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 21 Sarah Ann St

Cause of Death {First, (Primary,) Influenza

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shar[illegible] Cemetery

Date of Burial, June 14 1881

Undertaker, H. H. Chase

Place of Business, 198 Hanover

Jno. F. Gillis M. D.
Medical Attendant.

Address, 150 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Derry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 1 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 93 Hill St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 1881

L. M. Hall M. D.
Medical Attendant.

Undertaker, J. J. Wheeler

Place of Business, 193 Howard St.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48565

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Talbott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 383 Hamburg St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) "

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 14th 1881

Undertaker, Wm J. Treiner

Place of Business, 65 S. Eutaw

S. D. Bell M.D.,

Medical Attendant.

Address, 161 S. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 17,160

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rupp

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany. 21 years

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} No 160 S. Bethel st

Cause of Death, First, (Primary,) Typhus abdom.

Second, (Immediate,) ———

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 15th 81

L. A. Winternitz M. D.
Medical Attendant.

Undertaker, M. Franco

Place of Business, 210 Caroline

Address, 12. S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48567

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June, 13th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kehoe, Son of Michael & Annie Kehoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 16 Neighbor St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 16 Neighbor St

Cause of Death, First, (Primary.) Premature birth 7 days

Second, (Immediate.) Marasmus

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 14th 1881

A. Traugott Schaefer M.D.,
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 11 S. Hiest St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended durlng his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48568

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D Bennie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oil Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 15 S. Bond st

Cause of Death, First, (Primary.) Acute & Chronic Pneumonia

Second, (Immediate.) Consumption

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 15 1881

Undertaker, Denny & Whitelock

Place of Business, 65 & 7 Broadway

James A Clemens M.D.,
Medical Attendant.

Address, 93 Park ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48569

Office of Registrar of Vital Statistics.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 14 1881 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, June 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh W Carey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barkeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Balt-

Place of Death, {Give street and number.} 16 N Liberty

Cause of Death, First, (Primary.) Cerebral

Second, (Immediate.) Apoplexy (Recent attack) sudden death

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 14th June

Edmund R Walker *M.D.,*
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* Toronto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18570

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { City street and number. } 78 Gardners Alley

Cause of Death, { First, (Primary.) Convulsions / Second, (Immediate.) asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th

Undertaker, H Ross

Place of Business, 95 Conway St

W. S. Bond M.D.,
Medical Attendant.

Address, 206 Shaft St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1881 9.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Ruggold

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 yrs *Years,* *Months,* *Days.*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 190 Tyson st.

Cause of Death, First, (Primary,) Acute Nephritis

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14th 1881

Undertaker, Wm H. Bishop Jr.

Place of Business, 9 Druid Hill Av.

L. K. Cooke M. D.
Medical Attendant.

Address, 116 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUILBERT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. A. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 100 N. Caroline St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 16th 81

Undertaker, Chas. Lake

Place of Business, E. Balto St

J. D. Grosh, *M.D.,*
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 5 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bay View.

Duration of Residence in the ~~City of Baltimore~~, Intervening 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Anhemia

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 15th 1881

Undertaker, Jos Bramigan

Place of Business, 152 Division St

Marbury Brewer **M.D.,**
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie M Buscue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Nottingham Prince George Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 137 Jefferson st

Cause of Death, First, (Primary.) Tuberculosis.

Second, (Immediate.)

Duration of Last Sickness, a year or more

All the above information should be furnished by the Physician.

Place of Burial, Bolte Cemetery

Date of Burial, June 16th 1881

Undertaker, Benny & Mitchell

Place of Business, 65 S Broadway

D W Cathell M.D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eblin

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, — *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} N. Shroeder St 3

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,) 1 day Weakness

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14 June 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street

L. F. Reinhard M.D.
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 48576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schuler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Stil -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt -

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 29 Holland St

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Apnoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, June 15 D. Shuck *M. D.*

Medical Attendant.

Undertaker, Wendell Dyer

Place of Business, Bond St *Address,* 1432 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Klaus-

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Calvert Road

Cause of Death, First, (Primary.)

Second, (Immediate.) Cramps —

Duration of Last Sickness, 1½ hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery

Date of Burial, June 13 1881

Undertaker, Wm F Purdum

Place of Business, 66 Patapsco Ave

Alexander Tinsley M.D.,

~~Medical Attendant.~~

Address, Corner -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be asecrtained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 84

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Hirth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 33 Abbot st

Cause of Death, First (Primary,) Diptheria

Second (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem. C. E. Colton M. D.

Date of Burial, June 15th 1884 Medical Attendant.

Undertaker, H. Kohler

Place of Business, 244 E. Lombard st *Address* S. E. Cor Gay & Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 48379

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Burley Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11½ *Months,* ..... *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} New York Building King St

Cause of Death, First, (Primary.) Dysentheria

Second, (Immediate.)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 15th

Undertaker, Frederick J Nammuth

Place of Business, No 29 Corner of Eutaw and Saratoga St

F W Ellis M.D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48580

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Baltis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 King St Court

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15

Undertaker, John H Owens

Place of Business, 225 S Eutaw St

C W Bayne *M.D.,*

Medical Attendant.

Address, 702 E Shaft St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48581 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdeleen King

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* 0 *Days.*

Color, White

~~Married, Single~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 36 S. Monroe St

Cause of Death. First, (Primary.) Consumption of Lungs

Second, (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, June 16 th 1881

James Bowley M.D.,
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street *Address,* 319 Wallis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melville Severson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 5 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 171 Caffrian St

Cause of Death, First (Primary,) Intermittent Fever Organic

Second (Immediate,) Collapse from disease of heart caused by Rheumatism

Duration of Last Sickness, Since last Friday —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 16th

Undertaker, George Schilling

Place of Business, Ashland Square

Jeff. Powell M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia H. Foster

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N.E. Cor. Bond & Bank St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) — Exhaustion —

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, June 16th 1881

Undertaker, Jno. Lake

Place of Business, 161 E. Baltimore

E. B. Britton M. D.
Medical Attendant.

Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Heal. of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Henry M. Educate

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 " *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin Ireland 72 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 174 W Lombard St

Cause of Death, First, (Primary,) Tumor

Second, (Immediate,) old Age 6 Week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 16th 1881

Undertaker, H M Jenkins & Son

Place of Business, 75 N Charles St

Thomas Shearer M. D.
Medical Attendant.

Address, 174 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Derichs

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 181 Raborg St

Cause of Death { First, (Primary,) Lockjaw ending in Convulsions
Second, (Immediate,) 4 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mar[illegible] Cemetery

Date of Burial, June 15th 1881

Undertaker, Wm. H. Chase

Place of Business, 198 S. Howard St.

Chas. G. Goff M. D.
Medical Attendant.

Address, 306 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 18586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Powers

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 113. E. Eager

Cause of Death, First (Primary,) Phthysis Pulmonr.

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 15th

Undertaker, H. C. Wedefeldt

Place of Business, 910 Greenmount av

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18587

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F. R. Kaut

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 2 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Little Walsh Street

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16th 1881

Undertaker, A. H. R. Kaut

Place of Business, ~~

James A Steuart M.D.,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

~~ Exam by B. Dr & P. Smith

Permit No. 48588

Board of Health, City of ...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Hargrove

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Essex Co. Va.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 36 Chesnut st

Cause of Death, First, (Primary.) Unknown Duration 2 Yrs

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1881

Undertaker, Wm N. Dungee

Place of Business, 410 East st.

J. E. Jno ..... *M.D.,*

Medical Attendant.

Address, 132 Chesnut

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48589

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Wht.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 26 E Hamt

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 16

Undertaker, B. Hurly

Place of Business, 42 West St. *Address,* 312 Light

R. H. Ellis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48590

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st " 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert O. Webb

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 128 N. Register St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1881

Undertaker, Chas A. White

Place of Business, Granby St

John A. Smith M.D.,

~~Medical Attendant~~ Commiss of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos P. Smith M.D.

Permit No. 48591

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Boyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Forest Place

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Bals cemetery

Date of Burial, June 16

Undertaker, Chas F Sorven

Place of Business, 271 N Eutaw St *Address,*

Wm Whitridge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 16 BALTIMORE

Permit No. 48552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sweaver

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 12 hours

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 284 E Madison

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Exhaustion

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, June 16/81

Undertaker, Fry Bro

Place of Business,

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 48593

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard B. Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 5 *Months,* ..... 8 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 931 N. Bond St.

Cause of Death, First, (Primary.) Mal nutrition

Second, (Immediate.) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 17 - 1881

Undertaker, John W Jackson

Place of Business, 528 N. Gay St

S. T. White, M.D.,

Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Laporte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Employed at Elevator

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Over 20 years

Place of Death, {Give street and number.} Elevator N. Locust Point

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, June 17 1881

Undertaker, Chas. Kummer

Place of Business, 317 Mulberry

Signed: S. A. Bell M.D.,

Medical Attendant.

Coroner's Physician

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Roeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* 20 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 mo 20 days

Place of Death, {Give street and number.} No 9 McHenry St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 16th 1881

T Edward Kirby M. D.
Medical Attendant.

Undertaker, Geo. Leimbach.

Place of Business, 389 W. Pratt St. *Address* 714 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Hayden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 221 S Eutaw

Cause of Death First, (Primary,) Hydrocephalus

~~Second, (Immediate,)~~

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 16th 81

Undertaker, Geo H Perkins & Co

Place of Business, 131 Hanover St

Wm Hamm Jr M. D.
Medical Attendant.

Address, 117 Edmondson Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane McAdam Hastings

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty-three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Lawrence Co. N.Y.

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} 384 Linden Avenue Balti

Cause of Death First, (Primary.) Intracranial haemorrhage

Second, (Immediate,) Apoplexy

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 17th 1881

Undertaker, Andrews & Hodges

Place of Business, No 16 Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes [illegible] Bergman

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 or 4 weeks

Place of Death, {Give street and number} 15 Walnut ave

Cause of Death { First, (Primary,) Whooping Cough

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet House Cem'y

Date of Burial, June 16th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

H. C. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th "81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Maihl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.} "

Occupation, Tanner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 84 Dolphin St

Cause of Death, First (Primary,) Senile Debility.

Second (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *C. Emans* *M. D.*

Date of Burial, June 17th 1881 Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 48600

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 14th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Murphy.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 45 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Lloyd St

Cause of Death, First, (Primary.) Pyemia

Second, (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 16 1881

Undertaker, Burnes & Byrne

Place of Business, No 63 N Front St

D M Cathell M.D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 48601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 15th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Meyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Rox All.

Cause of Death, First, (Primary.) Capill. Bronchitis

Second, (Immediate.) Meningitis

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 17

Undertaker, Walter Imme

Place of Business, 315 W. Fielder

Louis Do Loon *M.D.,*
Medical Attendant.

Address, Cor Lombard & Eutaw sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon C. Wright

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boot & Shoe Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline County, Md.

Duration of Residence in the City of Baltimore, About 40 Years.

Place of Death, {Give street and number} 100 N. Gilmor St

Cause of Death First, (Primary,) Apoplexy.

Second, (Immediate,)

Duration of last Sickness, About 12 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, June 17th 1881

Undertaker, [illegible]

Place of Business, 121 E Biddle St

F. Mallon White M. D.
Medical Attendant.

Address, 100 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48603

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 15th 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Inflam Phthisis

Second, (Immediate.) Asthenia,

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters burial ground

Date of Burial, June 17th 1881

Undertaker, John Welsh

Place of Business, N. Howard St

E. Geo. Keitt M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, prior to the issue of Burial Permit on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4186047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McCullough

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 207 Cooksie St

Cause of Death { First, (Primary,) Scarlatina complicated Diphtheria

Second, (Immediate,) a 5

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Patricks Cem.

Date of Burial, June 16th 1881

Undertaker, H. A. Rayner

Place of Business, 74 S. Bond

E N Janney M. D.
Medical Attendant.

Address, Baxton & Patterson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 18605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabet Schlosser

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and number. } 220 alice Anna

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cem.

Date of Burial, June 17" 1881

R. W. Mansfield *M.D.,*

Medical Attendant.

Undertaker, H. A. Davis

Place of Business, 74 S. Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48606 *Office of Registrar of Vital Statistics.*

~~The Physician who attended any~~ person in a last illness is ~~responsible for the presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de~~ceased~~ or ~~Coroner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maudie Higgins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Bartholomew st

Cause of Death, First, (Primary.)

Second, (Immediate.) Intercular Abscess

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 16th 1881 Jno F Flack M.D.,

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Eighth *Address,* 168 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 18607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* ~~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 149 York Street

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 " 1881

Undertaker, Geo W. Perkins

Place of Business, 130 Henrietta St

James A Steele M.D.,

~~Medical Attendant~~ Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Jas. V. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48608

Office of Registrar of Vital Statistics.

~~The Physician~~ who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} 50 Thirty First

Cause of Death, First, (Primary.) Pulmonary Congestion

Second, (Immediate.) Hydrocephalus

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Eq Pub Cemetery

Date of Burial, June 16th 1881

Undertaker, Pat Mullen

Place of Business, 461 N. Gay St

S. W. Shaw M.D.,
Medical Attendant.

Address, 24 N. Eden Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Gerench

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death: {Give street and number.} 614 Light St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17 th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Madison Osborn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Iron Moulder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pr. Georges Co. Md.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 503 Saratoga St.

Cause of Death, First, (Primary.) Interstitial Hepatitis & Bright's Disease,
Second, (Immediate.) resulting from Retention of Urine.
I had been only one day before death, but
Duration of Last Sickness, had commenced about the 2nd week of March,
which was during the time of
Cause of his illness & death.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16th 1881

Undertaker, Peter Kummel

Place of Business, Mulberry St

Wm. Thomas M.D.,
Medical Attendant.

Address, 20[illegible] Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Powell

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 140 Harmony Lane

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) One Month

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ausbey Evergreen Cemetary

Date of Burial, June 17th 1881

Chas Wirtz M. D.
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga St *Address,* 306 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41861/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebath A. C. Williams

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Non

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 413 Allisan St

Cause of Death, First, (Primary,) Paralysis Paraphlegia of Right Side

Second, (Immediate,) Inanition Exanstion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 17th 1881

Undertaker, [illegible]

Place of Business, [illegible]

J E Pinchard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

State of Health, City of Baltimore.

Permit No. 48613

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out,*** to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Roe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany - 36 years

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } City Hospital, Res 178 East 31

Cause of Death, First, (Primary.) Accidental Fall

Second, (Immediate.) Fracture of Skull

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, June 17th 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St

Edmund R Walker M.D.,

~~Medical Attendant~~

Address, Coroners Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48614

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Auld,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} 280 E. Lombard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Asthma

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 17th 81

Undertaker, Wm. France

Place of Business, 280 Lombard St

Nicholas L. Sashell, **M.D.,** Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Warner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.o

Duration of Residence in the City of Baltimore, during her life

Place of Death, {Give street and number.} 316 Eutaw St.

Cause of Death, {First (Primary.) Abscess Disease of Stomach / Second (Immediate.)}

Duration of Last Sickness, Has been sick about one year but under my care five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C. Cy.

Date of Burial, June 17/81.

Undertaker, Stewart & Mauer.

Place of Business, 36 Park Av.

J. H. Wilson M. D.
Medical Attendant.

Address 251 Mad. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Henrietta Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 243 S. Broadway.

Cause of Death, First, (Primary.) Pertussis followed by

Second, (Immediate.) Inflammatory Diarrhoea.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, June 17th 1881

Undertaker, Geo. C. Schuh

Place of Business, 205 Aliceanna St. *Address,* # 243 Aliceanna

John H. Rehberger M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 June 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eliza Brown

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 6 *Days.*

Color, Black.

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.} X

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 273 Orleans st.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) asthenia

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1881

B. F. Leonard *M. D.*
Medical Attendant.

Undertaker, Wm. H. Dungel

Place of Business, No 62 East st *Address,* 235 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Debby Wilson

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 71 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Easton, Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number } 103 Harmony or Hominy Lane

Cause of Death { First, (Primary,) Malaria, Rheumatism &c
Second, (Immediate,) Asthenia

Duration of last Sickness, Nearly 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1881

Undertaker, Wm. N. Danger

Place of Business, No 62 East St

Allen Morris M. D.
Medical Attendant.

Address, 5 Lancaster St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 48618

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 31st (suppose)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — John McGrady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 35 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Jackens Wf fort of Bridge

Cause of Death, First, (Primary.) Drowned

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, S. Peters Cemetery

Date of Burial, June 1st 1881

Undertaker, Leonard Neuse

Place of Business, S. Broadway & Fleet

Allmorth M.D.,

Coroner & ~~Medical Attendant~~.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48620

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th June 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Philomena Bokel.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Seven (27) *Years,* ..... *Months,* ..... *Days.*

Color, White.

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dressmaker.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 66 Park avenue Baltimore.

Cause of Death, First, (Primary.) Tubercular Phthisis.

Second, (Immediate.) Pulmonary tuberculosis (Consumption)

Duration of Last Sickness, About 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th June 1881

Undertaker, H. W. Deaton & Son

Place of Business, 75 N. Charles

McC. Van Bibber M.D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48621

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Trumba

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69. *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co - Md

Duration of Residence in the City of Baltimore, 45 - 8 years

Place of Death, {Give street and number.} 180 S. Eutaw St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Chronic Diarrhea

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19th 1881

Edward Ertz M.D.,
Medical Attendant.

Undertaker, John S Mackin

Place of Business, No 150 Canton Ave *Address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48622 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick C. Wenkin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 712 Light St

Cause of Death, First, (Primary.) Teething with Malarial Fever

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cy

Date of Burial, June 17" 1881

Undertaker, Wm. Oswald

Place of Business, 35 N. Eutaw St *Address,* 146 Hanover St

Theodore Cook M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48623 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last ~~illness~~ is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Zeltman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can - maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 21 Edward St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17 1881

Undertaker, John Henning

Place of Business, 982 Orleans St. *Address,* Coroner M D S

Edmund K Walker M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brand

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 55 W. Saratoga St

Cause of Death, First, (Primary,) Tenea Capitis. Erysipelatous

Second, (Immediate,) Dentition — Cholera Infantum

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ca Universal Cemetery

Date of Burial, June 17th

Undertaker, Merrill & Shields

Place of Business, 100 N Carrollton Ave

A. H. Lattin M. D.
Medical Attendant.

Address, 843 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June [illegible] 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Teresa Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Five months ~~Years~~, two weeks ~~Months~~, *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Falls Turnpike No. 11.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Falls Turnpike No. 11

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Collapse

Duration of Last Sickness, About 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery G. Halsted Boyland M. D.
Medical Attendant.

Date of Burial, June 18th

Undertaker, H. C. Wiedefeld *Address* 29 N. Boundary Ave.

Place of Business, Jo Greenmountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 48626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Werner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 455 E. Eager st

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, June 17th 1881

Undertaker, Adam Fink

Place of Business, 961 N Gay st.

P. L. Dausch M.D.,
Medical Attendant.

Address, 27 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Dennis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Prospect Lane

Cause of Death First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, From birth

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1881

Undertaker, Charles & White

Place of Business, 108 Orleans St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48628

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly and fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E Jenkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 5-9 Chestnut Ally

Cause of Death, First, (Primary.) Diarhoea

Second, (Immediate.) Acute Gastritis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1891

W H Stevens *M.D.,*
Medical Attendant.

Undertaker, Jos Ent

Place of Business, 68 Mulberry *Address,* 132 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 48629

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Marshall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 35 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince George Co.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 23 Orchard St.

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 17th 1881

Undertaker, Wm J Gray.

Place of Business, 65 Mulberry St. *Address,* 262 Madison Ave.

Eldridge C. Price M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Wiesenfer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Four *Years,* Seven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany. Six weeks.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 102. Wilhelm Street

Cause of Death First, (Primary,) Rubeola

Second, (Immediate,) Delirium followed by Coma

Duration of last Sickness, Twenty four Hours. Health Officer

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 18. 1881

Undertaker, Wm P Paulus

Place of Business, 66 Frederick Av.

L. L. Dirkson M. D.
Medical Attendant.

Address, 19 S Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48631 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bank H. Banks.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 9 *Months,* 6 *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, { Give street and number. } Biddle & Ann Sts,

Cause of Death, First, (Primary.) Scarlatina,

Second, (Immediate.) Exhaustion, (Convulsions)

Duration of Last Sickness, 36 hours,

All the above information should be furnished by the Physician.

Place of Burial, Bolt. City

Date of Burial, June 9th 91

{ *Undertaker,* M2 Banks

{ *Place of Business,* 1 Paca St.

J. W. Crawford *M.D.,*

Medical Attendant.

Address, 207 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48632

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ~~to the Undertaker or other person superintending the burial~~, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Lyman Watkins~~ Reynolds

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 217 Balt. ave

Cause of Death, First, (Primary.) Laudice

Second, (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetri.

Date of Burial, June 17.

Undertaker, C. Harle

Place of Business, 82 West St.

Robt Ellis M.D.,

Medical Attendant.

Address, 31 30th E. pl.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48633

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Shaw

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Hotel Proprietor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 68 Yrs

Place of Death, {Give street and number.} SW Cor Fayette & Paca

~~*Cause of Death;*~~ First, (Primary.) Dropsy

Second, (Immediate.) Hydropericardium

Duration of Last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 18th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 143 A Chas St

H. H. Thomas M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4863 ½

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Raff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ulmbach, Kur-Hessen. Germany. 45 years

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} No. 42 E. Chester St.

Cause of Death, {First (Primary,) Carcinoma of Left breast. Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Ul. Aghouses Cem.

Date of Burial, June 17

Undertaker, Mendel Diffel

Place of Business, 1. Bond St. 151

J. D. Sisk M. D.
Medical Attendant.

Address No. 340 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Kennedy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 175 Vine

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,)

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 18 1881

Undertaker, M. Matthew Cadogan

Place of Business, 227 Mulberry St

Chas F. Liehrlemann M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18636

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. King

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, 4 mos & 5 days

Place of Death, {Give street and number.} Wicks Alley No. 4

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Meningitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cem

Date of Burial, June 18th 1881

Undertaker, Julius Haack

Place of Business, 2 Bond 248 *Address,* Balto. & Aisquith

Wm H Norris *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Morrow.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow, Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 143 North 2d.

Cause of Death, First, (Primary.) Measels.

Second, (Immediate.) Lymphangitis & Congestion of the Brain

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem.

Date of Burial, June 18th 1881

{Undertaker, William Morrow

{Place of Business,

Edwd. P. McCrea *M.D.,*

Medical Attendant.

Address, 162 E. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H Hartlove

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 59 S. Arlington Av

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 18th 1881

Undertaker, Armstrong Bros

Place of Business, 269 Light

Rob K Kemp M. D.
Medical Attendant.

Address, 554 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 48639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Rose~~ Rebecca Graves

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Three *Years,* Eleven *Months,* Thirteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Sterrett St No 17

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) Same

Duration of Last Sickness, About Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 17th 1881

B. F. Hessman M. D.
Medical Attendant.

{ *Undertaker,* Jos. B. Cook
{ *Place of Business,* No 707 W. Baltimore Street *Address* 175 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 4186440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Hutton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 61 Cross St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 19th June 1881

Undertaker, B. Hurley

Place of Business, 82 West St.

Augustus W. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48611

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hadie Howe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 154 York

Cause of Death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1881

Undertaker, Geo W Perkins Jr & Co

Place of Business, 130 Henrietta St

C. S. Bond *M.D.,*

Medical Attendant.

Address, 206 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

~~Permit No. 18614~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th of June 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Henries Hartung

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore 157 Central Ave.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Albemarle St

Cause of Death, {First (Primary,) Dysentheries
Second (Immediate.) Head paroxism
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemy.

Date of Burial, June 16. 81

Undertaker, D. D. Rossig

Place of Business, 9 Orleans

C. W. Heltmann M. D.
Medical Attendant.

Address 120 East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 48643

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Waterman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 149 Eastern ave

Cause of Death, First, (Primary.) [redacted]

Second, (Immediate.) Spasms ~~~

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, June 18 1881

Undertaker, M. Funk

Place of Business, Bank St

James A Steuart M.D.,
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Lew E. Taylor

Board of Health, City of Baltimore,

Permit No. 48644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brütting

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 72 *Years,* *Months,* *Days.*

Color, W.

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Gardener.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria, Germany.

Duration of Residence in the City of Baltimore, 6 days. (lived 6 days at one time)

Place of Death, { Give street and number } 124 Low St.

Cause of Death { First, (Primary,) (Probably) Fatty Heart

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 18, 1881.

Undertaker, Geo. J. Weber

Place of Business, 1 Holliday St.

H. J. Reynolds M. D.
Medical Attendant.

Address, 186 Eighth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48645

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Ochs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 60 Hillsman Street

Cause of Death, First, (Primary.) Pleuritis Empyema

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Monday June 21

Undertaker, Fry Bro

Place of Business, 54 N. Broadway

Fred Blum M.D.,
Medical Attendant.

Address, 54 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48646

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1891 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 17th, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Langrohr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 99 Lancaster St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) followed by Convulsions.

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, June 18th 1891

Undertaker, H. H. Gehrmyer

Place of Business, 241 Caroline St.

John H. Rehberger M.D.,
Medical Attendant.

Address, #143 Alice Anna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wesley Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 104 E Bergundy St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Diphtheria

Duration of Last Sickness, One week

All the above information to be furnished by the Physician.

Place of Burial, Laurel [redacted] Cemetery

Date of Burial, June 15 1891

Undertaker, H Ross

Place of Business, 98 Conway St

Geo D Blake M.D.,
Medical Attendant.

Address, 165 E. Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48648

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand J. Eilbacher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11. *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 339 Sharp st

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Baltimore Burial

Date of Burial, Sunday

Undertaker, I. Koehler

Place of Business, [redacted]

Theodore Cotta M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT IS 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della May Day

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 3/4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon [redacted] L. F. Bruan M. D.

Date of Burial, June 16 Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Penna Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 48650

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Fly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Year,* 2 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 457 Thames St.

Cause of Death, First, (Primary.) Acute Bronchial Catarrh

Second, (Immediate.) followed by Capillary Bronchitis.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 18

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehberger M.D.,
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48651

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Grotendieck

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Clay St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 20

Undertaker, Henry Borgman

Place of Business, 45 Clay St

H. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48652

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Lee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born & Lived

Place of Death, { Give street and number. } No. 922 Caroline

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, June 18th 1881.

Undertaker, Lee Bro.

Place of Business, 122 S. Broadway *Address,*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48653

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 17. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gardener

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Chronic Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, June 18th 1881

Undertaker, Patrick Mullin

Place of Business, *Address,*

H. J. Laciar *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48654 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCullough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dead City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 207 Cookrie St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Toxaemia over

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 17th 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. L. Winkler M.D.,
Medical Attendant.

Address, 74 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48655

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hudgens

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Silverplater

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Jo Hospital

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Hemoptysis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, June 18

Undertaker, Patrick Mullin

Place of Business,

Oscar J. Carlson M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18656 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 & N. Durham St

Cause of Death, First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1881

Undertaker, Chas A. White

Place of Business, Granby St

James H Lewis M.D.,

~~Attendant.~~

Address, Comm of Health

~~Coroner~~ Regulator

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Dr P Smith

Permit No. 48657

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 705 S. Decatur

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Cerebral Congestion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 18th 1881

Undertaker, Wm. J. Fickner

Place of Business, 65 S. Eutaw

Jno. T. Hand M.D.,
Medical Attendant.

Address, 165 Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Cole

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his lifetime

Place of Death, {Give street and number} 30 Groton alley

Cause of Death First, (Primary,) Bright's disease

Second, (Immediate,)

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 19th 1881

James Bacon M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 221 W Eutaw St *Address,* Cor. Argyle ave & Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18/1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly May Lee

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, Years, 2 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 67 Woodyear St City —

Duration of Residence in the City of Baltimore, During life —

Place of Death, { Give street and number. } 67 Woodyear St.

Cause of Death, First, (Primary.) Scrofula — Which was followed by Second, (Immediate.) Hemorrhage also from right ear Second, Immediate cause of death Hemorrhage — { Receives a fall upon the face about two weeks since the nose — 24 hours before death had

Duration of Last Sickness, During life —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, June 19th 1881

Undertaker, Henry W. Mears

Place of Business, 445 N. Gay St *Address,* 520 Penna Ave

S. Rickert M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48660 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sullivan

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Fracture of Skull

Second, (Immediate.) Shock

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Borne Brooks

Date of Burial, June 19th 1881

Undertaker, John Meaher

Place of Business, No 150 Lander

West M.D.,
Medical Attendant.

& *Address,* University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48667

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JUN 18 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine F. Nicklas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 3 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Dress-maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 20th 1881

Undertaker, Wm. A. Richman

Place of Business, ~~234~~ N. Gay St *Address,* City Hospital

H. J. Laciar *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Mencke

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 411 East Lombard St

Cause of Death, First, (Primary,) Renal Dropsy

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, June 19 1881

Undertaker, H. C. Spencer

Place of Business, 682 Fulton Ave

Jno C Remsen M. D.
Medical Attendant.

Address, 42 Cor Broadway & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48663

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Ma Serfass

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two *Years,* Five *Months,* Ten *Days.*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Locust City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 20 N. McDonough

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem

Date of Burial, June 19 /81

Undertaker, Henry Sander.

Place of Business, 60 Canton Ave, *Address,* 40 N. Eutaw St

C. Wesson *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48664

The Physician who ~~attended any~~ person in a last illness is ~~responsible for the presentation~~ of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Kennard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Wagon Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South River A A Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Nr 14 Hollins Alley

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Harmony Cemetery

Date of Burial, June 19th 81

Undertaker, Wm H Dingle

Place of Business, No 62 East Pratt *Address* 24 Columbia Avenue

I Edward Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 18665

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 75 N. Durham st

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Lowell cemetery

Date of Burial, June 19

Undertaker, Theo. J. Locks

Place of Business, 73 Jefferson st

J. D. Gross *M.D.,*

Medical Attendant.

Address, 137 Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 418666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE 1881

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Schneider

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* 10 *Months,* 9 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Butcher -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Walburmyers Court 4 years - rear of 572 N. Fremont St -

Cause of Death, First, (Primary.) Compound Fracture of the right tibia

Second, (Immediate.) Tetanus

Duration of Last Sickness, 11 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 20

Undertaker, Walter Emmel

Place of Business, 315 W. Bidde

H. Rickert M.D.,

Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Eichenauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give street and number} 23 Abeyis al

Cause of Death First, (Primary,) Hypertrophy of Heart (sudden)

Second, (Immediate,) heart unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, June 20th

Undertaker, B. H Earle

Place of Business, No. 82 West st.

John H Smith M. D.
Medical Attendant.

Address, 313 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF ~~REGISTRAR~~ OF VITAL STATISTICS.

Permit No. 48668.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William George Joyce

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 12 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 110 Ballay av

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Barney Pleas

Date of Burial, June 19 81

Undertaker, E. Harle

Place of Business, No. 82 West

S Duke M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48669 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ~~to the Undertaker or other person superintending the burial, within~~ *twenty-four hours* ~~after~~ the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oda Fristz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 5 *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all of Life

Place of Death, { Give street and number. } 3 Lovash Ally

Cause of Death, First, (Primary.) Typho Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19th 1881

Undertaker, Geo W Perkins & Co

Place of Business, 130 Monument St *Address,* 431 Penna Ave

H. Christian *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 54 Greenmount ave

Cause of Death, First, (Primary.) Accidental Shot in abdomen

Second, (Immediate.) Internal Hemorrhage

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 19th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Edmund R Walker M.D.,

~~Medical Attendant~~.

Address, Saratoga n St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Bishop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 167½ Pine St

Cause of Death. First, (Primary.) Meningitis

Second, (Immediate.) Spasms

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 19th 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

J. J. Perkins M.D.,
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Stout

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 2 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 days.

Place of Death, {Give street and number} 378 Orleans St.

Cause of Death {First, (Primary,) Spasm

{Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 19

{Undertaker, J J Lovett

{Place of Business, 707 W. Baltimore St.

H. L. Speir M. D.
Medical Attendant.

Address, 387 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48673

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Counts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 88 Hanover Lane

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 Hanover Lane

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Found dead in bed this morning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 19 1881

Undertaker, W. W. Chase

Place of Business, 40 Howard St

Alexander Tinsley M.D.,

Medical Attendant.

Address, Monroe

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, June 18 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann White

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, House wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Born in City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 1 E Pleasant ave.

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 20 1897

Undertaker, Wm Saunders

Place of Business, 252 Saratoga

C. L. Williams M.D.,
Medical Attendant.

Address, 77 So Bruce

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18675

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 19 1881

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Louise Dooley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 10 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 456 E Monument St

Cause of Death, First, (Primary.) Acute Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, about 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, H. Wesleyan Cem.

Date of Burial, June 19th 1881

Undertaker, Henry Snyder

Place of Business, 132 Lanvale st

D W Cathell M.D.,

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48676

The Physician who attended any person ~~in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of W. H. & E. Williams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* Ten Minutes *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 375 E. Fayette St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Marasmus

Duration of last Sickness, Ten Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 19th 1881

Wm. H. Chudnicu M. D.
Medical Attendant.

Undertaker, John H. Williams

~~Place of Business~~, Feather

Address, No 1022 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~undertaker or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 91

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Jamison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 281 Aisquith St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 20th

Undertaker, H C Wiedefeld

Place of Business, No 93 Freemont Ave

J. H. Bolton M. D.
Medical Attendant.

Address S. E. Cor Gay & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 48678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cecil Wood

~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 6 9 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single*~~, *Widow* or *Widower,* { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 76 N Broadway

Cause of Death, First, (Primary.)

Second, (Immediate.) Hypertrophy of Heart

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Harford~~ County

Date of Burial, June 21 1881

Undertaker, Geo. Schilling

Place of Business, Ashland Square

S. F. Coyne *M.D.,*

Medical Attendant.

Address, 342 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Houghton Roth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~~~ *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 28 Bank St.

Cause of Death, First, (Primary.) Acute Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20 81

Undertaker, H Rank

Place of Business, 35 Bank St

D W Cathell *M.D.,*

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48680

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within *twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Wesley Rosier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 14 *Days.*

Color, White —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 62 Whatcoat St City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 52 Whatcoat St City

Cause of Death, First, (Primary.) Cholera Infantum (Entero-Colitis Diarrhoeal)

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1881

Undertaker, Wm. E. Chenoweth

Place of Business, 336 Penna ave

Dr Rickert M.D.,
Medical Attendant.

Address, 570 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48681

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible ~~for the presentation of this Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Kiening

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 157 E. Green

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 20. 1881

Undertaker, W. Bickner

Place of Business, 16 S. Eutaw

Theodore Cotta M.D.,
~~146 Hanover~~
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 18682. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1881. Ernest

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B son of Dennis & Knoche

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 122 Granby St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th

A Krapshertzer M.D.,
Medical Attendant.

Undertaker, J Pindell Dixon

Place of Business, 153 S Bond St

Address, 11 S 14th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do,~~ under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 199½ E Pratt St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, June 22nd 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

James E Donnelly M.D.,
Medical Attendant.

Address, 229 E Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2228 Randall

Permit No. 48684

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vrance

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 209 Lombard

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, June 20th 1881

Undertaker, Leo. Ritz

Place of Business, 129½ S. Broadway *Address,* Balt. & Hanover

G. G. Cusk M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Simon (Regina) Brag

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 57 *Years,* ~~*Months,*~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Housekeeper~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 1: 45 Pennsylvania Ave

Cause of Death, First, (Primary,) Sub. Peritoneal Fibroids

Second, (Immediate,) Peritonitis

Duration of last Sickness, 5 months about

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cong. Cemetery

Date of Burial, June 20

Chris W. Johnston M. D.
Medical Attendant.

Undertaker, P. Holland and Son

Place of Business, 22 N. Patt ste, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48686

~~The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Breyer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wurtemburg Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number} 196 George St.

Cause of Death, First, (Primary,) Tubercular Consumption

Second, (Immediate,) of Lungs.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Metzen Cemetery

Date of Burial, June 21st 1881

Undertaker, D. Kimmert

Place of Business, 317 Mulberry St

N. W. Little M. D.
Medical Attendant.

Address, 420 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48687

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Ahrens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 27 Hamilton St

Cause of Death, First, (Primary.) Depression of spirits

Second, (Immediate.) Suicide by pistol Shot thro right temple

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 20th 1881

Edmund R Walker M.D.,

~~Medical Attendant.~~

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore St *Address,* Corner N & D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18688

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate, accurately filled out,~~ to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wesley Mack

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2. Months, — Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~Daughter~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } #8. Chesnut St

Cause of Death, { First (Primary,) Gastritis
Second (Immediate,) }

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 1881.

Undertaker, Wm. A Unger

Place of Business, No 62 East Pr

T. J. Hickman M. D.
Medical Attendant.

Address 20. Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 48689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Sahm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 14 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 43 Forrest St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemtry

Date of Burial, June 20 1881

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

Geo. D Kinnemon M.D.,
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48690

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Weaver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Emitsburg Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 270 Franklin St

Cause of Death, First, (Primary.)

Second, (Immediate.) Neurasthenia

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 21

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt *Address,* 615 E Balt St

J. B. Silcomb M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48691

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

Date of Death, June 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* About 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Asylum 2 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Asthenia

Duration of Last Sickness, dying when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 21. 1881

Undertaker, Jos Bryan jr

Place of Business, 156 William St.

Mahlon Brewer M.D.,
Medical Attendant.

Address, 60 [illegible] St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48692

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the ~~City of Baltimore~~, Asylum 5 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, sick when received

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial June 21. 1881

Undertaker, Jos Bramigan

Place of Business, 152 Division St

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48693

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 21 Shelter Ct

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 & hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimentery

Date of Burial, June 19 1881

Undertaker, Charles A White

Place of Business, 108 Orleans St

J W Chaney M.D.,

Medical Attendant.

Address, 208 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48694

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 19. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Gyplebz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Annearundel Co. Md.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 25 Cook St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) " "

Duration of Last Sickness, Not Sick, general decay

All the above information should be furnished by the Physician.

Place of Burial, Woodberry B. Co

Date of Burial, June 20th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. D. Christian M.D.,
Medical Attendant.

Address, 431 Vinna. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Harris

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* 2 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Co. Waterford Ireland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 166 Dolphin st

Cause of Death {First, (Primary,) Cholera Morbus

{Second, (Immediate,) Collapse

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, June 20th

Undertaker, C. H. Blizzard

Place of Business, 201 Penna ave

John Dielen M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gray

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number} 98 Harlem Ave

Cause of Death {First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) Marasmus

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Lyon Anne Arundel Co

Date of Burial, June 21st 1881

Undertaker, C H. Blizzard

Place of Business, 201 Penn Ave

John W Waugh *M. D.* Medical Attendant.

Address, 285 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Howard Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 14 *Days.*

Color, White. *Sex,* White.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 136 Pa Avenue,

Cause of Death, First (Primary,) Dentition -

Second (Immediate,) Hydrocephalus Internus

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 21

Undertaker, C H Biggar *Address*

Place of Business, 201 Penna

Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 48698

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Quickly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) Change of Food

Second, (Immediate.) Diarrhea

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 20 1881

T. J. Ward M.D.,
Medical Attendant.

Undertaker, Patrick Mullen

Place of Business, E Park ave *Address,* 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 4819

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Curley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boy New Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Convulsion

Second, (Immediate.) Was not seen at all by me

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cmetery

Date of Burial, June 20th 1881

J. J. Ward M.D.,
Medical Attendant.

Undertaker, Patk Mullin

Place of Business, E. Pratt Ave

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore.

Permit No. 48700

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] B Hood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 181 E g St

Cause of Death, First, (Primary.) D of Brain

Second, (Immediate.)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, June 20th 1881.

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

O C Mahon *M.D.,*
Medical Attendant.

Address, No 138 Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert F. Ames.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pittsburgh

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 254 Eutaw St.

Cause of Death, First, (Primary,) Cholera. Infantum

Second, (Immediate,) ____

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 21st 1881

L. St. L. Wall M. D.
Medical Attendant.

Undertaker, Julius Koerber

Place of Business, Sharp & Bros. St. *Address,* 406 Cross St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 91.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rowe Sparks.

Sex, ~~Male~~ / *Female,* {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Black.

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Wife of Charles Sparks.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Richmond, Va.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 414. Raborg St.

Cause of Death, First (Primary,) Bright's Disease,

Second (Immediate,)

Duration of Last Sickness Has been ill for Months = under Dr's Care only 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, June 22nd 1891

Undertaker, S. W. Chase

Place of Business, 195 S. Howard St.

Edward A. Kruger M.D.
Medical Attendant.

Address 273 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co. Md 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 Vine St.

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) "

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 20th 1881

Undertaker, B. P. Chase

Place of Business, 198 S. Howard *Address,*

Thomas Opie M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L Dickel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty One *Years,* Nine *Months,* ~~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Chas. & Cross Sts Balto City

Duration of Residence in the City of Baltimore, His life Time

Place of Death, {Give street and number} 120 N Liberty St Balto. City

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore.

Date of Burial, June 21/81

G. B. Bell M. D.
Medical Attendant.

Undertaker, P. L. Dee

Place of Business, 103 Columbia *Address,* 120 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Judge

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} No 8 Hustlands Court

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) 9 Mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 20th 91

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Weidefeld

Place of Business, 90 Greenmount Avenue

Address, 36 Exeunt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick John Dunphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 10 Diamond St

Cause of Death, First, (Primary.) Fatty degeneration of Cordiac

Second, (Immediate.) General anasarca

Duration of Last Sickness, nearly two Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 21st 1881

Undertaker, J. F. Byrne

Place of Business, Liberty St

Jas. A. Steuart M.D.,

~~Medical Attendant~~

Coroner's Physician

Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Copy

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14707

The Physician who attended any person in a last illness is responsible for ~~the presentation of~~ this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~ or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. J. Pickering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 210 Mulberry St

Cause of Death { First, (Primary,) Tuberculor Affection Pulmonary
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21 1881

Robt H. Mifflin M. D.
Medical Attendant.

{ *Undertaker,* Matthew Baccus
{ *Place of Business,* 227 Mulberry St *Address,* 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 June 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary E. Colton

Sex, Male or Female, { Cross out the words not required in this line. } female

Age, 37 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Nil

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Prince Geo: Co

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. } 54 St. Paul St

Cause of Death, { First (Primary,) Disease of Heart / Second (Immediate,) "

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co Md

Date of Burial, June 21st 1881

Undertaker, Jno H Weaver & Co

Place of Business, 422 West Fayette st

F. Donaldson M.D.

Medical Attendant.

Address, 108 Park Ave Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Mrs ✕ 2225

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48705

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew McDonnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Miner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Epithelioma of Mouth

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 21st 1881

Undertaker, Wm Leonardtown

Place of Business, 782 W Baltimore St

F. West M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

Francis #2226

...Physicians is respectfully invited to the remarks below, and to list of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48710

HEALTH DEPARTMENT
JUL 21 1891
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* — *Days.*

Color C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Vincent alley: between Baker & Carey

Cause of Death, First, (Primary,) Sclerosis Liver

Second, (Immediate,) Dropsy

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Ver St Cemetery

Date of Burial, July 21 1891

Undertaker, Jos L Jones

Place of Business, No 68 Pratt

G. W. Jones M. D.
Medical Attendant.

Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4871 1

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Thomas Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 1 Lovash Alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) "

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mary St Comet

Date of Burial, Jul 21 - 1881

Undertaker, John Condon

Place of Business, 228 Park

J. A. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48712

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodora L. Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Russell & Watts Sts —

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 22 1881

Undertaker, Julius Koehler

Place of Business, Cross & Sharp Sts *Address,* 146 Hanover St

Theodore Cotta M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richen Gatz Etting

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

~~Age~~, 88 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, ~~Boy~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 270 Lexington St.

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) Pulmonary Congestion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, "Mackpelah" Boundary ave near Penna. ave

Date of Burial, 22nd June 1881

Reggie Buckler M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 135 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 148714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ama Barbara Henry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Perkin st

Cause of Death, First (Primary,) ~~Hydrocephalus~~

Second (Immediate,) Convulsions

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 22

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, ~~J. H. Coad & Blazard~~

Place of Business, ~~709 West Balto st~~ Address 47 Edmondson ave
201 Pine. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Drbrevil.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 153 N. Fremont

Cause of Death, First, (Primary.)

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 21

Undertaker, Joseph P. Cook

Place of Business, 76 West Baltimore St.

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address, 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48716

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June, 20th 1881, 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Son of Paul & Maggie Bauman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 42 S. Eutaw St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22-81

Undertaker, M. Funk

Place of Business, 285 Barre

A. Lippert Shenzer M.D.,
Medical Attendant.

Address, 11 S. Arch St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18717

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 June 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Link

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} [illegible]

Age, 58 *Years,* 8 *Months,* ..... *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 914 Spring

Cause of Death, First, (Primary.)

Second, (Immediate.) [illegible]

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Luth St Matthews Cemetri

Date of Burial, June 22 1901

C Uffman M.D.,
Medical Attendant.

Undertaker, John Henning.

Place of Business, 382 Orleans St

Address, 5 Jefferson

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Klerlein

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 65 N. Washington St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Collapsus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21 1881.

Undertaker, John Henry.

Place of Business, 382 Orleans St. *Address,* 369 E. Baltimore St.

J. H. Callenberg. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21th June 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanislaus Friennik

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Posen, Prussia, Germany

Duration of Residence in the City of Baltimore, 11 months.

Place of Death, { Give street and number } Alley 4 ans Fract 246.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Clement

Date of Burial, June 21

Undertaker, [illegible]

Place of Business, [illegible]

William Henkel M. D.
Medical Attendant.

Address, F. Keller 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Printed, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa J. Holthaus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 89 N. Caroline St

Cause of Death, First, (Primary.) Pulmonary & Renal Tuberculosis.

Second, (Immediate.) the same.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 22nd 1881

Henry Salzer. M.D.,
Medical Attendant.

Undertaker, M A. Daiger

Place of Business, 74 N. Bond *Address,* 165 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ben. H. Small

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 6 *Months,* 18 *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 6 Mo & 18 dys

Place of Death, {Give street and number} 161 King St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) 2 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21st

Undertaker, E. H. Perkins & Co

Place of Business, 130 Henrietta St

R. C. Lee M. D.
Medical Attendant.

Address, Harrow & Barre

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48722 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Yonkers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 17 Years

Place of Death, {Give street and number.} 105 Cambridge Street

Cause of Death, First, (Primary.) Heart Disease (Supposed)

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 21st 1881

Chas. W. Morfit M.D., Medical Attendant.

Corner's Case

Undertaker, Henry Sander

Place of Business, 252 Centre *Address,* 105 Cambridge Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within *twenty-four hours* after the death of said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Schooles

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his whole life

Place of Death, {Give street and number} 287 W Pratt St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) & Exhaustion

Duration of last Sickness, Forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Grave Yard

Date of Burial, 22d June 1881

W Hammond M. D.
Medical Attendant.

Undertaker, Geo. Leinbach

Place of Business, No. 389 W. Pratt *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48724

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vigl

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 20 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and number.} S. W. Central Ave & Chase el

Cause of Death, First, (Primary.) Typhoid Fever & Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, June 23 d

Undertaker, Adam Funk

Place of Business, 461 N. Gay St

M. B. Bellingeri M.D.,
Medical Attendant.

Address, 256 E John el

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48725

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the ~~burial,~~ within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Born and

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 22 Union St

Cause of Death, First, (Primary.) Edema Membranous Laryngitis

Second, (Immediate.) —

Duration of Last Sickness, 10 da

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1881

Undertaker, Wm H Fisher Jr

Place of Business, 4 Druid Hill Ave

W E Keyser M.D.,
Medical Attendant.

Address, West & Mulberry 516

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48726

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, and ~~shall sign~~ if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effa Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 7 Years of Life

Duration of Residence in the City of Baltimore, 7 Years of Life

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1881

Undertaker, Wm H. Bishop Jr.

Place of Business, 1 Druid Hill Ave.

Alexander Tinsley M.D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48727

The ~~Physician who attended any person in a last illness is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Holley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 22 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster Carroll Co. Md.

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number.} 54 Little Monument St.

Cause of Death, First (Primary,) Acute Phthisis

Second (Immediate,) .....

Duration of Last Sickness, 1½ Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1881

Undertaker, Hemsley Rebbeblen

Place of Business, 116 Orchard St *Address* 41 Orchard St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry ~~Wills~~ Nichols

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge, Maryland

Duration of Residence in the City of Baltimore, about 70 years.

Place of Death, {Give street and number} 40 St. Paul St.

Cause of Death First, (Primary,) ~~Hypertrophy~~ Dilatation of Heart & Senility.

Second, (Immediate,) General Dropsy & Uraemia

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21st 1881 T. Buxton Brune M. D.
Medical Attendant.

Undertaker, Sam'l H. Shake

Place of Business, 98 S Howard St *Address,* 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 48729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Liemann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 20 yrs

Place of Death, {Give street and number.} 278 S. Ann St

Cause of Death, First, (Primary.) 3 Heart Disease

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, I. German Evagel. Cemetery

Date of Burial, 21th June 1881

Undertaker, Wm. C. Nicolaus

Place of Business, 258 Alice Ann

C. Mayfield M.D.,
Coroner & Medical Attendant.

Address, 62 Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 148730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th. June. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Richter Ritter

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime.

Place of Death, { Give street and number } Flamer Court 62.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 21st 2.

William Henkel M. D.
Medical Attendant.

Undertaker, H. Strauss

Place of Business, 220 Gontz ave

Address, S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF ~~REGISTRAR~~ OF VITAL STATISTICS.

Permit No. 48731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David König

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plumber, Gasfitter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give street and number} Bank Street 173.

Cause of Death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,)

Duration of last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 21st 81

Undertaker, M. Frank

Place of Business, 220 Gunther Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. JUN 21 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Parsons

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 5 *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 30 Vine St E

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Debility

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 23rd

J. R. Chase M. D.
Medical Attendant.

Undertaker, J Bann & Co

Place of Business, 195 E. Monument *Address,* 234 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48733 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Toney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 ~~[illegible]~~ Cross St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, June 22nd 1881

C W Booze *M.D.,*
Medical Attendant.

Undertaker, Fred A. Kerchner

Place of Business, S. Carollton Av *Address,* 206 Short St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48734

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L May

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 7 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 11 Watson St Court

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Eclampsia

Duration of Last Sickness, abt 3. Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias

Date of Burial, June 21st 81

Undertaker, D. D. Ramsey

Place of Business, 97 [illegible]

Chas. Mohr M.D.,
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48735

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ~~if requested so to do,~~ under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle Hans

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 74 East St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd 1881

Undertaker, Wm. N. Dunn

Place of Business, No 62 East St

Edward P. Davis M.D.,
Medical Attendant.

Address, 167 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 18736 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William May

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 E. Albemarle St

Cause of Death, First, (Primary.) Premature Birth (8 mos)

Second, (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, June 22 " 1881

Undertaker, I. S. Rossing

Place of Business, 97 Orleans St

Thos. F. Stone M.D.,

Medical Attendant.

Commiss of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Exam by B. Riggs - S. Insp

Board of Health, City of Baltimore,

Permit No. 48737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Burton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Drop-Master

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Northampton Co Va

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number.} 260 McDonough St.

Cause of Death, First, (Primary.) Thrombus of r Femoral Artery.

Second, (Immediate.) Gangrene & Exhaustion.

Duration of Last Sickness, About Six (6) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemy

Date of Burial, June 23 rd 1881

Undertaker, John W Locke

Place of Business, # 65 S Wolf St

G F Jayles M.D.,
Medical Attendant.

Address, 222 N Broad Troy

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48738

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Gatewood

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* 3 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 53 Hunt St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 23rd 1881

{ Undertaker, Theo Cook

{ Place of Business, 218 Jefferson St

Jno. L. Russell M.D.,

Medical Attendant.

Address, Broadway Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48739

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia M. Birkmire

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 173 William St

Cause of Death, First, (Primary.)

Second, (Immediate.) Stricture of the Bowel

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 23rd 1887

Undertaker, Wm J. Tickner

Place of Business, 63 S. Eutaw

Rondone Brk M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elma Banks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 136 Raybaugh St

Cause of Death, First (Primary,) Intestinal Meningitis

Second (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Md.

Date of Burial, June 20th 1891

Undertaker, Wm H. Bishop Jr.

Place of Business, 917 Druid Hill Ave.

Frank Gilmore M. D.
Medical Attendant.

Address 137 Raybaugh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 48.741

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Elizabeth Kling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Eight yrs.

Place of Death, {Give street and number.} 16 E. Pratt St.

Cause of Death, First, (Primary.) Old Age,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, June 23 th 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

G. G. Laurence M.D.,

Medical Attendant.

Address, 1 E. Pratt Balt. 26.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48742 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 21 A 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fredirika Palm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 3 *Months,* ~~Days~~.

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 450 Canton Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, June 22nd 1881

Undertaker, Henry Sander

Place of Business, 252 Canton ave

Thomas B Evans M.D.,
Medical Attendant.

Address, 10 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 487413

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 7. E. Fayette St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. East Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 23 1881

Undertaker H. W. Magee

Place of Business, 45 W. Gay St

Thos A Shearer M.D.,

~~Medical Attendant.~~

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd B. Dep

Permit No. 48744

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Dennis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years, Four Months, ——— Days.

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 62 Camels Alley

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness, 22½ hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga st

Elias C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Gahan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, wht

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 136 Linden ave

Cause of Death, First, (Primary.) Cancer

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 24th 1881

Undertaker, Chas T Serivin

Place of Business, 211 N Eutaw St

G Lane Taneyhill M.D.,

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hilda Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, {First (Primary,) Measles; Second (Immediate,) Bronchs - Pneumonia}

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 23d 1881

Dr J. E. Atkinson M.D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Address 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48747

The Physician who attended any ~~person in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bronisa Lyeinski.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 1 month.

Place of Death, {Give street and number} # 2 Bartlett St.

Cause of Death, First, (Primary.) Entero Colitis.

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Olivewood Cemetery

Date of Burial, June 23 '81

A. G. Watts M. D.
Medical Attendant.

Undertaker, Philip J. Dell

Place of Business, 183 Columbia Ave *Address,* 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 48748 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A Nigle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 40 Abey's alley

Cause of Death, First, (Primary.) Exhibition

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 23 1881

James A Slan M.D.
Medical Attendant.

Undertaker, B. Hall

Place of Business, 82 West St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by John C. Berding

Board of Health, City of Baltimore.

Permit No. 48749

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schiller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 62 Thames St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 23d 81

Undertaker, M. Evans

Place of Business, 280 Canton Ave

John H. Ruhlberger M.D.,
Medical Attendant.

Address, # 243 Aliceana St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 14750

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Boyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, F *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} 161 W Lombard St City

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 45 S. Central Avenue

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery L. L. Bitting M. D.

Date of Burial, June 22 Medical Attendant.

Undertaker, Wendell Dysart

Place of Business, 5 Bond St. *Address,* 161 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

Permit No: 18757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bockert

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Ballimore, Six days

Place of Death, {Give street and number} Calvert Road — No 14

Cause of Death, First, (Primary,) Tetanus Neonatorum —

Second, (Immediate,)

Duration of last Sickness, Twenty Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 23 1881

Undertaker, Jno F Paulin

Place of Business, 66 Frederick Ave

Jno. G. Holliday M. D.
Medical Attendant.

Address, Carroll P. O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

~~Date of Death~~, June 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dealia Mathews

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~40~~ 58 Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washer woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co. Md

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} Md Woman's Hospital

Cause of Death { First, (Primary,) Fibroid Tumor (Sloughed)
Second, (Immediate,) Septicaemia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 25th 1881

{ Undertaker, Charles White
{ Place of Business, County Station Depot

J. F. Buckworth. M. D.
Medical Attendant.

Address, Resident Physician 57 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE ~~OF DEATH.~~

Date of Death, June 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Dawson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} #10 S. Exeter Street

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, June 28th 1881

P. A. Charles H. Thomas M. D.
Medical Attendant.

Undertaker, Wm. J. Murphy *Address* 85 E. Baltimore St

Place of Business, 611 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2227 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalia McLaughlin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 42 Yrs

Place of Death, {Give street and number.} No. 10 S. Stricker St

Cause of Death, First (Primary,) Cystic Disease of Ovary, with Dropsy

Second (Immediate,) Asthenia

Duration of Last Sickness, I do not know: Seen first by me June 9-1881

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem S. E. Chew M. D.

Date of Burial, June 24th 1881 Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont Ave Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City

Permit No. 48755

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Bowman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 159 Johnson St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scrofula

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, A Peters Cemetery

Date of Burial, June 23

Undertaker, B. Hazel

Place of Business, 82 West St.

Isadore Lorta M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

Permit No. 48756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Sabe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} 161 E. Balt. St.

Cause of Death, First, (Primary.) Carcinoma Rectum

Second, (Immediate,) V. General Anasarca

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

John H. Emmes M. D.
Medical Attendant.

Address, 53 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Jakes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Caterer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 121 St Paul

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 25th June 1881

C H Latrobe M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St *Address,* 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48758

HEALTH DEPARTMENT JUN 23 1887 BALTIMORE.

The Physician ~~who attended any person in a last illness~~ is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sullivan,

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, ... *Years,* ..... *Months,* 5 hours - ~~Days~~

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 496 N Fremont St.

Duration of Residence in the City of Baltimore, 5 hrs.

Place of Death, {Give street and number.} 496 N Fremont St

Cause of Death, {First (Primary,) Atelectasis

{Second (Immediate,) Apnoea - 5 hours -

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 23rd/88

{Undertaker, Thos. Sherwood

{Place of Business, 336 Penna Ave

J. Richards, *M. D.*
Medical Attendant.

Address, 320 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18759

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Crozier.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Forty-five (45) *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} No 123 N. Broadway

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Heart Disease

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 24th 1881

Undertaker, Elisha Cox

Place of Business, 8 & 86 Bank St

Wm. H. Clendiven, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with[in] eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth [the] the full name, sex, age and condition (whether married or single) of the person deceas[ed] [and] the deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 23 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eveline Lauer Goldstein

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 *Months,* 4 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 459 N Fremont St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 459 N Fremont St

Cause of Death, First (Primary,) Gastro Enteritis (diarrhoea)

Second (Immediate,) Cardiac Failure

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 24

Undertaker, Walter Emmel

Place of Business, 315 West Biddle

J. Richter M.D.

Medical Attendant.

Address, 520 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ... the Remarks Below, and ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Irvin Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 461 Franklin St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 23 81

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 76 Mace St

(J. H. Conner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48762

The Physician who attended any ~~person in a last illness~~ is responsible for the presentation of this Certificate ~~properly filled out, to the Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. D. Esson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21. *Years,* ~ *Months,* ~ *Days.*

Color, White

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number} 476 N. Gilmor St

Cause of Death, First, (Primary,) Consumption of Lungs.

Second, (Immediate,) ~~Hemorrhage~~

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 23rd 1881

G. H. Norris M. D.

F. Donaldson Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Address, Cor Paca & Pleasant Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 — 23 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson (Mother)

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 161 W Lombard - (Maternité)

Duration of Residence in the City of Baltimore, 7 days -

Place of Death, {Give street and number} Maternité 161 W Lombard St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Convulsions - Asphyxia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, June 23rd 1881

Undertaker, P. Mullin

Place of Business, P. Park Ave

L. L. Bitting M. D.
Medical Attendant.

Address, Maternité Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *fully and correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21st June 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Mc Mahon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 67 York

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.) Cardiac Dropsy

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 23rd /81

{ Undertaker, C. F. Krahe

{ Place of Business,

H. V. Webster M.D.,
Medical Attendant.

Address, 57 Bunn st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 2 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Poland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia - 12 years in US

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 49 Abbott St -

Cause of Death, First, (Primary.) Accidental fall & Burn

Second, (Immediate.) Dying to abdominal viscera by crushing

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bem.

Date of Burial, June 23d 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St

Edmund R Walker M.D.,
~~Medical Attendant.~~

Address, Coroner no 8

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

Permit No: 48766

The Physician who attended ~~any person~~ in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ebbs

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 15 *Years,* ____ *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Carriage driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 17 Philpot alley

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Dyspnoea

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1881

Undertaker, W. H. Sanger

Place of Business, East St

Jas C Benjamin M. D.
Medical Attendant.

Address, 19 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Curtis

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 12 Maryland Ave

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Myelitis Ascending Paralysis

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 25th 1881

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty

J. H. Guiteau M. D.
Medical Attendant.

Address, 237 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48768

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
JUN 23 1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within *twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Coloured

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 57 S. Bethel St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Lorrel cemetry

Date of Burial, June 23) 81

Undertaker, Theo J. Locks

Place of Business, 73. Jefferson st

Nicholas L. Dashiell, M.D.,
Medical Attendant.

Address, 207 S. Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22d day of June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan. Stevenson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11. *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 254. N. Exeter Sto.

Cause of Death, { First (Primary,) Teething
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23rd 1881

Fred. Nesbitt M. D.
Medical Attendant.

{ *Undertaker,* James D Byrne
{ *Place of Business,* No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other person superintending~~ the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd June, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. H. L. Heilage

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover — Germany —

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 43 Garden St or Linden Avenue

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) " "

Duration of last Sickness, about 20 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 25th 1881

Undertaker, H. Louis Schaefer

Place of Business, 109 N Fremont

Wm J. Smith M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 48771

Office of Registrar of Vital Statistics.

~~The Physician who attended~~ any person in a last illness ~~is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23th 1887

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Maria Fink

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days.*

Color, white

~~Married,~~ Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} N-8 Towson Street

Cause of Death, First, (Primary.) Diphteria.

Second, (Immediate.) Lymph-adenitis and intern Otitis.

Duration of Last Sickness, (second) 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, R. C. St. Louis Cem

Date of Burial, June 24th 1887

Undertaker, Henry Lauer

Place of Business, 252 Eastern Ave *Address,* 163 W. Lombard St

Henry Lauer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully I[illegible]marks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If infant not named give names of parents. } Henry [illegible] Millgrebs

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, — Years, 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 15 Eastern Avenue

Cause of Death, { First, (Primary.) Dentition

Second, (Immediate,

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 1881

Undertaker, [illegible]

Place of Business, [illegible]

A. V. Gosweiler, M. D.
Medical Attendant.

Address, 144 S. Ann St.
near Bank,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...City of Baltimore,

Permit No. 48773 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 Months, Days.

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give street and number.} 24 Church St

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,)}

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Lamb's Cemetery

Date of Burial, June 25th 81

Undertaker, Sam'l W. Lias

Place of Business, 175 S. Howard St.

Chas H. Fuller M. D.
Medical Attendant.

Address 66 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Krueger

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} 22 N. Wolfe St

Cause of Death, First, (Primary,) Cholera in Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 24 '81

E. P. Sims *M. D.*
Medical Attendant.

Undertaker, M. Frances

Place of Business, 130 Canton ave

Address, 345 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48775

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Dennerline

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ 2 Months, 14 Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 39 Durham St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24th 81

Undertaker, M. Franc

Place of Business, 210 Canton Ave

Thomas B. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Dep't of Baltimore,

Permit No. 48776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 23 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Lang

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 17 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 95 S. Wolf St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 25th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

R. W. Mumford M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Reed

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 1 *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 493 W Lombard

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, June 25

Undertaker, Smith & Cook

Place of Business, 101 Baltimore

J. H. Duvall M. D.
Medical Attendant.

Address, 762 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Ast

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* forty three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 102 Low Street

Cause of Death First, (Primary,) artificial nursing

Second, (Immediate,) inanition

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, G. P. F. Cemetery

Date of Burial, June 24th

Undertaker, L. Herzog

Place of Business, High near Gay st

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL ~~CAN BE~~ OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretto McKenna

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 124 Druid Hill ave

Cause of Death First, (Primary,) Gastro enteritis

Second, (Immediate,) Asthenia -

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 24th 1881

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St *Address,* 114 Park Ave

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ~~to the undertaker or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas N. Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Lemale St. 1st door East of Charles St

Cause of Death, First (Primary,) Softening of the Brain.
Second (Immediate,)

Duration of Last Sickness, Ailed for 3 years, Last illness about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 25th 1881

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N Charles

A. F. Bell M. D.
Medical Attendant.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48781

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F. Welsh

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 495 Aisquith st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th

Undertaker, Geo. Schillings

Place of Business, Ashland Depot

M. B. Billingsley, M.D.,
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 18782

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Estus Hayes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Three *Years,* Three *Months,* Three *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} At S. Carrollton Ave

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 24th 1881

E. B. Britton M. D.

Medical Attendant.

Undertaker, Jas. B. Cook

Place of Business, No 707 W. Baltimore Street

Address, Howard Dispensary 58 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Carroll

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Mother

Age, ——— *Years,* ——— *Months,* One *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3. N. Alley

Cause of Death, First, (Primary.) Premature Birth — (8 mos

Second, (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, June 24th 1881

Undertaker, Jacob Davis

Place of Business, Lee St

James A. Stewart M.D.,

~~Medical Attendant~~ Comm. of Health

Address, & Registrar

Per McShane

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by John E. Dunding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Martin Schmuck

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 62 *Years,* 7 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt Md

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 57 Hodeker St.

Cause of Death, First (Primary,) Chronic Alcoholism.

Second (Immediate,) Unknown. I no physician having seen the deceased during the last two weeks of his life.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 25th 1881.

Undertaker, J. E. Mongh & Co.

Place of Business, 320 Penna Ave

J. Schuckert M.D.
Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4-1-[illegible]-8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. Green

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Delware

Duration of Residence in the City of Baltimore, 2 years 5 months

Place of Death, {Give street and number} 65 S. Lauden hall St

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) Meningites

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 24th June

Undertaker, Geo W Collins & Co

Place of Business, 130 Hendrix *Address,* 146 Hill St

L. D. Dyer M. D.
Medical Attendant.

BODY EMBALMED

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Anderson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 114 Hall St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery.

Date of Burial, June 24th 81

Undertaker, Geo W. Perkins & Co

Place of Business, 130 Henrietta 24

C. C. Booze M.D.,
Medical Attendant.

Address, 20 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4878 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Antone Joseph Unger

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 227 E Eager st

Cause of Death { First, (Primary,) Indigestion
, Second, (Immediate,) Eclampsia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Mongan cm

Date of Burial, 25 June

Undertaker, Wm Franse

Place of Business, Canton av

F. A. Warner M. D.
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Davis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 28 E. Monument St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "Tubercular Meningitis"

Duration of last Sickness, One month,

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 24 1881

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Chas H Byrne

Place of Business, Frontst

Address, 26½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Grups

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 54 Years, 7 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Saloon keeper

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Westphalia 30 years in U.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} N High St 36

Cause of Death, First, (Primary,) Cholera morbus

Second, (Immediate,) Weakness

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 24th 1881

L F Reinhard M. D.
Medical Attendant.

Undertaker, Henry N. Mears

Place of Business, 45 N Gay St

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48790

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vernette N. Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 261 Orleans St,

Cause of Death, First, (Primary.) Gastro-Enteritis,

Second, (Immediate.) Convulsions,

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 24th 1881

Undertaker, Charles A White

Place of Business, 108 Orleans St

F. W. Chambers M.D.,
Medical Attendant.

Address, 208 N Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48791

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 1881,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Levy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Twenty *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } 60 Race St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate.) & Malarial Fever,

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24

L. Luckett M.D.,
Medical Attendant.

Undertaker, D. F. Ross

Place of Business, D. F. Ross & Son *Address,* 584 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48792

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 4 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 3 Down St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26

Undertaker, H. Koes

Place of Business, 24 Canal St

Address, 16

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Garber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 67 S Gilmor st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Lifetime

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25 /81

Undertaker, S. M. Leonard & Son

Place of Business, 712 W. Baltimore

James Boxley M.D.,
Medical Attendant.

Address, 319 N Gilmor

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF ~~REGISTRAR OF~~ VITAL STATISTICS.

Permit No. 48794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Cooper

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Morris al

Cause of Death First, (Primary,) Cystitis

Second, (Immediate,)

Duration of last Sickness, 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 25th 1881

Undertaker, Wm T Scriven

Place of Business, 271 N Eutaw St *Address,* 201 W Biddle St

R Winslow *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 48795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ahrendt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 215 Bank St

Cause of Death, First, (Primary.) Cancer of the Womb

Second, (Immediate.) Asthenia - 2 -

Duration of Last Sickness, Long indefinite period

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 26th 1881

Undertaker, Geo. Retz

Place of Business, 129½ S. Broadway

G. A. Dohme, M.D.,
Medical Attendant.

Address, 865 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48796

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Stanton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* Two *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cecil City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 72 Commerce St

Cause of Death, First, (Primary.) Cholera

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, June 25 1881

Undertaker, Henry Nock

Place of Business, 309 N Eutaw

C. W. Bluett *M.D.,*

Medical Attendant.

Address, 154 S Gay

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF ~~REGISTRAR OF VITAL STATISTICS~~.

Permit No. 18797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stumpf

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 36 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 346 Hamburg

Cause of Death, First, (Primary,) Death due to difficult Labor

Second, (Immediate,) and Mal presentation of Child

Duration of last Sickness, in utero

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 25th 1881

Undertaker, Barney Hade

Place of Business,

Edw. F. Michael M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly and fully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R Reed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 624 W Balto St

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption (Phthysis)

Duration of Last Sickness, Two years or possibly more

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, 25th 10 A. M.

E Gover, 6 of M. D.
Medical Attendant.

Undertaker, E D Selby.

Place of Business, Reisterstown Md *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 18799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Granted Without a Proper Certificate.

HEALTH DEPT. JUL 26 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 25- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Still

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Month,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in the line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 432 N. Fayette St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 25th 1881

H. F. Hill **M.D.,**

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette St. *Address,* 361 Franklin St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 48800

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Karcher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor Randall & Montour Sts

Cause of Death, First, (Primary.) Cer - Meningitis

Second, (Immediate.) Inflammatory

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial June 25th 1881

S. A. Wells M.D.,

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

Coroner E. D. Ill

Address, 151 E. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 48801

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 82 Eastern Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Sunday June 26th

A. L. Wedekind M.D.,
Medical Attendant.

Undertaker, Michael Frank

Place of Business, 95 Bank St

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 25 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Adam McGee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 823 Williams St

Cause of Death, First, (Primary.) Cholera Infantum 5 days

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery

Date of Burial, June 25th

Undertaker, C. Harle

Place of Business, No 52 West St.

W. McGuire M.D.,
Medical Attendant.

Address, 17 N Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Annen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 482 E. Chase St.

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetry

Date of Burial, 25th of June

Undertaker, Adam Fink

Place of Business, 461 W Gay St.

E. B. Fenby M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 4880 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate ~~of Death~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Mathaney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}.....

Age,..... *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 208 S. Bond St.

Cause of death, First, (Primary,) Rubeola

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Five days. Exposed to damp room.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 25 1881

Undertaker, Lowry & Mitchell

Place of Business, 330 W Fayette

A. V. Gosneiler, A.M., M. D.,
Medical Attendant.

Address, 144 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Balt...

Permit No. 48805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey Lammuech

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Saxony-

Duration of Residence in the City of Baltimore, 30 years-

Place of Death, {Give street and number.} 144 Hollins st

Cause of Death, First, (Primary.) Pistol wound in right Temporo

Second, (Immediate.) Region - penetrating brain -

Duration of Last Sickness, about 12 hours.

All the above information should be furnished by the Physician.

Place of Burial Baltimore cemetery

Date of Burial, June 25th 1881

Undertaker, Jos H Cook

Place of Business, 707 W Baltimore street

Alexander Tinsley M.D.,

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 129 Dover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, West Ridgeville Md Galesville

Date of Burial, June 27 1881

R. Randall M. D.
Medical Attendant.

Undertaker, H W Chase

Place of Business, 19 S Howard St

Address, 262 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2228 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48805

The Physician who attended ~~any~~ person in a ~~last illness is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Hermann, Md~~ 24th. June 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Heinrich Kleyser

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} 4 Bond Street 313.

Cause of Death, First, (Primary.) Pneumonia Typhosa

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 26th 1884.

Undertaker, Leonhard Peutz

Place of Business, 272 S. Bond Street

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the remarks below. Also to those on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luisa, Carey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Bound 71 *Years,* 18 10 *Months,* *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline cont, M. D.,

Duration of Residence in the ~~City of Baltimore~~,

Place of Death, {Give street and number} No. 8. Chestnut st.

Cause of Death, First, (Primary,) Inanition,

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, June 26th 1881

Undertaker, B. W. Chase

Place of Business, 198 S. Howard

T. J. Mickum M. D.
Medical Attendant.

Address, 20 Ninth st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18809

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the underinker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L Simonds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give street and number.} 355 Aisquith st

Cause of Death, First (Primary,) Enteritis 6 d

Second (Immediate.)

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, June 26th

Undertaker, Geo. Schilling

Place of Business, ~~Wm Bond Sons~~

W. D. Barker, M. D.
Medical Attendant.

Address 172 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48810

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hellerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Seven (7) *Months,* Seven (7) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 334 Harford Ave

Cause of Death, First, (Primary.) Malarial Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 29 1881

Undertaker, Henry Hoerth

Place of Business, 309 Central Ave

D. H. Stuart M.D.,
Medical Attendant.

Address, 40 N. Gay Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48811

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leander Warren

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Doctor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 11 High St. ~~Bed~~ Res 358 Saratoga

Cause of Death, First, (Primary.) Valvular disease

Second, (Immediate.) of heart

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Worcester Mass

Date of Burial, June 25th 1881

Undertaker, Stewart & Mowen

Place of Business, Park avenue

Edmund R Walker M.D.,

~~Medical Attendant.~~

Address, Comm n 02

STEWART & MOWEN UNDERTAKERS 58 PARK AVENUE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2 Hrs Transit

Board of Health, City of Baltimore,

Permit No. 48812 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 24th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Maurer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* 7 *Days.*

Color, White

~~*Married*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 19 Brooks Lane

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningites

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 26 1881

Undertaker, Julius Kahler

Place of Business, N.W. cor Sharp & Cross st

L. Gundrum M.D.,
Medical Attendant.

Address, 684 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 48813

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margreth Rush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 - Slaydon at

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 27th 1881

Undertaker, Wm. Chenoweth

Place of Business, 336 Penna Ave

K. J. Hurley M.D.,
Medical Attendant.

Address, Corner Freshmen & Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48814

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Conway

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 113 S. Caroline St.

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, June 26th 1881

Undertaker, Theo J. Fooks

Place of Business, 473 Aliceson

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Madison St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48815 — *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha McCready.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} .....

Age, ... *Years,* 5 *Months,* 19 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 1. Harrons Court, Gough East of Bond St.

Cause of death, First, (Primary,) Entero-colitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1881

Undertaker, Thew Fox, Jr

Place of Business, 473 Jefferson

A. V. Goszwiler, M. D.,
Medical Attendant.

Address, 144 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary? Dain Finale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 25th 1881

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

D. E. Atkinson M. D.
Medical Attendant.

Address 228 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48817

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Gilbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Little Falls

Duration of Residence in the City of Baltimore, ... Since birth

Place of Death, {Give street and number.} No. 19 S. Chapel St

Cause of Death, First, (Primary.) ...

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 25th 1881

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave

Dr. Tuebt ... **M.D.,**

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Kennard

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 yrs - about

Place of Death, { Give street and number. } 84 Chaptank st.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Prot. ground

Date of Burial, June 27th 1881

R. W. Mansfield **M.D.,**

Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48819

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 24th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brütting

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 1 *Month,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 244 Alice Anna St

Cause of Death, First, (Primary.) Congestion of Brain.

Second, (Immediate.)

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem.

Date of Burial, June 25th 1881

Undertaker, Henry Sander

Place of Business, 254 Canton Ave

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roland Grafe

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 4 *Years,* 6 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 459 E. Eager St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Laryngitis.

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 26th 1881

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St

H. J. Rennolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Condon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number} cor Fayette & Fredericks

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of last Sickness, 28 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 26

Undertaker, D. P. Burns

Place of Business, Front St

D Theall M. D.

Medical Attendant.

Address, 462 N. Exeter

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Troy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 27 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balte.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 289 Raburg St.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 25th 1881

Undertaker, Wm. M. Dangel

Place of Business, No 62 East St

H. M. Weber M. D.
Medical Attendant.

Address 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48823 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Passmore

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 11 *Years,* 10 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 384 Hamburg st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str

O. L. Pudenbohn M.D.,

Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ripple.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Fort Av. & Burrough St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonitis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Forest Home.

Date of Burial, June 27-1881

Undertaker, J. B. Hanke.

Place of Business, 482 West St

R. J. H. Tall, M.D.,
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT ... 25 ... 1881 ... BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta L. Williamson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 108 West St

Cause of Death, First, (Primary.) Epithelioma of the Uterus

Second, (Immediate.) Chlorea Infantum

Duration of Last Sickness, Since Birth hours to 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 26th

Undertaker, B. Karle

Place of Business, No 82 West St.

by Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48826

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 25 JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Levering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Holland, three months in U.S.

Duration of Residence in the City of Baltimore, Three months.

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion & Dyspnoea.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, June 25/81

Undertaker, Fred A Keschner

Place of Business, 50 Carroll Ave & *Address,* University Hospital

C. W. Mitchell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Bell Shilling

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 24 East Lee St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 25th 81

Undertaker, M. Fraser

Place of Business, 280 Canton Ave

J. H. Hall *M.D.,*

Medical Attendant.

Address, 24 E Lee St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dilla

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 314 Hanover st

Cause of Death, First, (Primary.) Chronic Bright's Disease

Second, (Immediate,) Anasarca

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1881

Undertaker, C. H. Pitts

Place of Business, 45 Lombard

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 48829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Völker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 10 Biddle Alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, June 26th 1881

Undertaker, Geo Saffman

Place of Business, 121 Penna Ave *Address,* 89 N Green

D Miller *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 48830

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be ~~Obtained~~ Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schmitt

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, Schoolgirl

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 74½ Chapel St.

Cause of Death, First, (Primary.) Tuberculosis Acute

Second, (Immediate.) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Woman's Cemetery

Date of Burial, June 26

Undertaker, Randall Lloyd

Place of Business, Bond 19

Oscar J. Clary M.D., Medical Attendant.

Address, 188 W. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14883

~~The Physician who~~ attended any person in a last illness is responsible for the presentation ~~of this Certificate, accurately filled~~ *out*, to the Undertaker or other person ~~superintending the burial,~~ within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Schwarz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Five *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 17 Goodman's Alley

Cause of Death { First, (Primary,) Dysentery / Second, (Immediate,) Asthenia

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 26th 1881

Undertaker, C. F. Krause

Place of Business, ...

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, the cause and date of death, except in cases of births and deaths of illegitimate children.

ND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 48832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 [illegible] BALTIMORE

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dugan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wheeling Virginia

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} Lt V. D. Asylum

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 27. 1881

Undertaker, Jno Bramigan

Place of Business, 158 Division St.

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48833

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 2 BALTIMORE

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* *Months,* about 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Donaldsonville

Duration of Residence in the ~~City of Baltimore~~, Institution 2 days

Place of Death, {Give street and number.} St Vincents Infant Asylum.

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate.) Spasm.

Duration of Last Sickness, This Infant died from ill treatment - Its arm being broke in two places - and body bruised

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 27. 1881

Undertaker, Jos Bramigan

Place of Business, 156 Division St.

Thanbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1881 BALTIMORE

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 2 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of~~ Baltimore, In Citation 3 weeks,

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Congenital Syphilis

Second, (Immediate.)

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 27. 1881

Undertaker, Jos Brannigan

Place of Business, 156 Division St.

Marbury Brewer M.D.,
Medical Attendant.

Address, 6 E McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 11[illegible]

Board of Health, City of Baltimore,

Permit No. 18835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almeida Richeau

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 50 years 3 months

Place of Death, {Give street and number} 68 S. Front

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, June 28th 1881

Undertaker, Jno. H. Weaver & Co.

Place of Business, #22 W. Fayette St

Ellis Richeau M. D.
Medical Attendant.

Address, 158 S. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48836

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out,*** to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 28 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Seldon St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) "

Duration of Last Sickness, 2 hours -

All the above information should be furnished by the Physician.

Place of Burial, L Sharp St Cemetery

Date of Burial, June 26th 81

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta St

S A Bell M.D.,

~~Medical Attendant.~~ Coroner Sec Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48837

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A York

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 210 Bond St Balt

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bonc. Rest Cemetery

Date of Burial, June 26 1881.

O S Mahon *M.D.,*
Medical Attendant.

Undertaker, John Henry

Place of Business, 382 Orleans St *Address,* Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 48838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Landofski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number.} # 65 President St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diarhoea

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, June 26-1881

Undertaker, P. Mullen

Place of Business,

James A. Stuart M.D.,

Commissioner of Health

Address, Am Register ~~for Mount~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ent by Jno E. Timony

Board of Health, City of Ba...

Permit No. 48839

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Central av. bet. Wolfe and Hoffman

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial; June 26th 81

Undertaker, Wm T Wiseman

Place of Business, 234 E. Gay St.

Geo. A. Hartman M.D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 488140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza James.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 5 *Months,* ~~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Peach alley

Cause of Death, First, (Primary.) measles.

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 — 1881

Undertaker, Jacob Davis

Place of Business,

James A. Stewart M.D.,

Commissioner of Health

Address, Register

Bur. Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jno E Tenney

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4884/1

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate, correctly filled out~~, to the Undertaker or ~~other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abaham Stout

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* & 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} ~~Hard~~ Eutaw Street cor Saratoga ave

Cause of Death { First, (Primary,) Cholera infantum
, Second, (Immediate,) .....

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, June 26th 1881

Undertaker, Wm Dagerhi

Place of Business, —

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday June 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Cintes

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 27 Bruce St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26 1881

Undertaker, Wilson & Rayee

Place of Business, 10 Exeter St

D. Dimmitt Norris M. D.
Medical Attendant.

Address, 761 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 48843

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallace H. Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 327 N. Biddle St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 27th 1881

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

Eldridge C. Peel M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 48844

Office of Registrar of Vital Statistics.

...LTH DEPARTMENT
...
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 25. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Alford D. Carrick,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 469 E. Fayette St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Tracheitis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1881

G. G. Lusk M.D.,
Medical Attendant.

Undertaker, Binny & Mitchell

Place of Business, 65 S Broadway *Address,* Bal. & Pearl

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 488415

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 652 Light St

Cause of Death, First, (Primary.) Hypertrophy of the Heart Aortic Valve

Second, (Immediate.) Dropsy & Congestion of the Lung

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 26th

Undertaker, B. Hanle

Place of Business, 482 West St

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 48846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Heeld

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 351 S" Charles St.

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Spasms.

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 26-1881

Undertaker, B. Hailo

Place of Business,

James A. Stewart M.D.,

Commissioner of Health

Address, and Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Et by John. E. Pleading

Board of Health, City of Ba...

Permit No. 48847

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schuchman.

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 82 *Years,* —— *Months,* 13 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~23 Comet St~~ Germany

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, {Give street and number.} 23 Comet St —

Cause of Death, First, (Primary.) old age

Second, (Immediate.) — old age —

Duration of Last Sickness, Confined to her bed 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 27th 1881

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

H. C. Dohme M.D.,
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 48848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Svehla

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 10 wks

Place of Death, {Give street and number.} 38 E Biddle St

Cause of Death, First, (Primary.) Inflammation of the Bowels

Second, (Immediate.) Collapse, perforation

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 28 81

Undertaker, H. Evans

Place of Business, 29 E Eastern Ave *Address,* 271 N Broadway

E Jno Walls M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except In cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba

Permit No. 4188 19

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Banjes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Three Months, Twenty-One Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 63 N Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, London County

Date of Burial, June 27th 81

Undertaker, Peter Hummert

Place of Business, No. 27 W. Pratt St. *Address,* 87 Mulberry St

D E Rice M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial can be Obtained without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O Donovan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty nine Years, ... Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number} No 126 Mosher St.

Cause of Death { First, (Primary,) Chronic Bronchitis
Second, (Immediate,) old age.

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, June 24th 1881

{ Undertaker, Jos H Byrne
{ Place of Business, 9 N Eutaw St

James Bacon M. D.
Medical Attendant.

Address, Cor Argyle ave. & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Coroner, Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Herbig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Walnut Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, June 27th 81

Undertaker, Geo Saffrain

Place of Business, 121 Penna Ave *Address,*

Wm Whitridge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48852

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881 Hermansdorfer

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Hammonstrafer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, 28 days

Place of Death, {Give street and number} Baltimore, Parish Alley 121,

Cause of Death, First, (Primary,) Whooping cough

Second, (Immediate,) Exhaustion

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28th June

Undertaker, H. E. Lehmonicth

Place of Business,

E. Kelly M. D.
Medical Attendant.

Address, 257 N. Gilmor,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48858

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person~~ superintending the burial, within *twenty-four hours* after the death ~~of said deceased, or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 minutes of 9 P. M. 25 of June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. E. Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Pattern Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto = Md

Duration of Residence in the City of Baltimore, 47

Place of Death, {Give street and number.} 816 E. Madison St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 28th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

Milton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & Mc Elderry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40034

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, ~~City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Young

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ~ *Days.*

Color, C.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number} 5 Liberty Road

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 27

Undertaker, William J Gray

Place of Business,

G. H. Norris *M. D.*
Medical Attendant.

Address, Fen Station D Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 4R.]

Board of Health, City of Baltimore,

Permit No. 48855

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Brownell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* 6 *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years & six months

Place of Death, {Give street and number.} No 62 Pine St

Cause of Death, First, (Primary.) Seconda

Second, (Immediate.) Pneumonia Pulmonum

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 27 1881

Undertaker, Henry Rob Mackubin

Place of Business, 116 Eastern Ave

B. F. Farlow M.D.,

Medical Attendant.

Address, Cor Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48856

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Archie Booker Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 *Years,* Two *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two Months

Place of Death, { Give street and number. } No 13 Moore Al

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1881

Undertaker, Kemble & Martin

Place of Business, 116 Arch St

B F Bohn *M.D.,*

Medical Attendant.

Address, Cor Front & Hill Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Albert Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 80 Wilhelm St

Cause of Death, First, (Primary.) ..... Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 27th 1881

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore Street

H R Cheston M.D.,
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 2 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Pool

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 570 Pratt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 315 N. Henry

Cause of Death, First, (Primary,) Depletion

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'ty

Date of Burial, June 28

Undertaker, J B Cook

Place of Business, 707 W Pratt

G W Stones M. D.
Medical Attendant.

Address, Cor Stricker & Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48857

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Kathy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 49 W Spring St

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalem Cem

Date of Burial, June 28th 1881

J Ray Sayre M. D.
Medical Attendant.

Undertaker, Wm Lilas

Place of Business, 101 Gough St *Address,* 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. INGRAM & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Johnson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 225 Orleans St

Cause of Death, First, (Primary.) Gastro-Enteritis

Second, (Immediate.) Convulsions,

Duration of Last Sickness, 2 wks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 27.

J. W. Chambers M.D.,
Medical Attendant.

Undertaker, Charles A White

Place of Business, 108 Orleans St *Address,* 208 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48861

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person~~ superintending the burial, within *twenty-four hours* after the ~~death of said deceased, or sooner,~~ if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Gelling

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 11 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Sixteen

Place of Death, { Give street and number. } 283 E Madison St

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 27th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

C. H. Taylor M.D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48862

Office of Registrar of Vital Statistics.

The Physician who attended any ~~person in a last illness is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 S Register St.

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, H. M. Moses & Co

Date of Burial, Monday June 27th

Undertaker, Michael Funk

Place of Business, 135 Bank

D W Cathell M.D.,
Medical Attendant.

Address, 211 Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 26/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Waters

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 6 S Parish alley

Cause of Death, First, (Primary.) Tuberculosis,

Second, (Immediate.) Consumption Pulmonary

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 27 1881

Undertaker, Wilbon & Bruce

Place of Business, No 62 East [illegible]

W McKenzie M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48864

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel James Gilliard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md. "

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 4 Mulligan Court

Cause of Death, First, (Primary.) Convulsions from Impetigo Ingesta

Second, (Immediate.)

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1881

Undertaker, Wilson Monroe

Place of Business, No 62 Eutaw St

D M Cathell M.D.,
Medical Attendant.

Address, 2 W Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 118865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 2 18[illegible] BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday. June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Burkholder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harrisburg Pa

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 46 E. Chase St.

Cause of Death First, (Primary,) Marasmus with Head Complication

Second, (Immediate,) Asthenia, Exhaustion &c

Duration of last Sickness, Life time.

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Pa.

Date of Burial, June 26th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2230 Fremont

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas B. Estep Sr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St Marys Co Md

Duration of Residence in the City of Baltimore, About Ten years

Place of Death, { Give street and number. } Gilmor St No 383

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Suffocation

Duration of Last Sickness, Short Duration

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 28 81

D. D. S. Brown ..... *M. D.*
Medical Attendant.

{ *Undertaker,* J. E. Hough
{ *Place of Business,* 320 Penna Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48867

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ellen Mayers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 9 Mos

Place of Death, {Give street and number.} 8 Claytons Lane near Baker St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Sharon St in Pa

Date of Burial, June 27 th

Undertaker, I E Hough

Place of Business, 320 Penna Ave

Chas E Fuller M.D.,

Medical Attendant.

Address, 620 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48868

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia E. Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8. *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Russell & West Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 28th

{Undertaker, Julius Koehler

{Place of Business, Grass & Sharp *Address,* 146 Hanover St.

Howard Cotton M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mount

Board of Health, City of Baltimore,

Permit No. 48869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death of said~~ deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Eckhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 368 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 28th

Undertaker, J. B. Hanle.

Place of Business, No 82 West St.

By Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48870

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Eastern Ave

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft St. Cemetery

Date of Burial, June 27

W. S. Bozé *M.D.,*

Medical Attendant.

Undertaker, H. Ross

Place of Business, 95 Conway St. *Address,* 206 Shaft St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48871 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Wm Hiebeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 470 W. Lexington

Cause of Death. First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 28th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 143 N Charles

M. Kuhn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48872

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Whittington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Life.

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 27 Camel Al.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Convulsions

Duration of Last Sickness, About 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 27th 1901

Eldridge C. Force M.D.,
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 25th June 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Machinsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 409 South Charles St

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Teething

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 27th June

Undertaker, C. H. Kramer

Place of Business, 209 Hanover St

Augustus N. Doelp M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

the Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Willms

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ... 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 390 E. Orleans st.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Wolfgangs Cemetery

Date of Burial, June 27 1881

Undertaker, John Heneage

Place of Business, 382 Orleans St.

J. H. Collenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Houghson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 11 *Months,* ~~Days.~~

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Newark N. Jersey

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} 21 E. Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senile decay

Duration of Last Sickness, 2 months - complaining

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 28th 1881

Undertaker, W. H. Hickman

Place of Business, 11 Gay st

James A. Steuart M.D.,

~~Medical Attendant~~ Coroner

Address, Register's Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Leo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending ~~the burial, within twenty-four hours~~ after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Clay Braddock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime more or less

Place of Death, {Give street and number.} 243 East Baltimore St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Gradual Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26/81

Undertaker, Kay & Co

Place of Business 37 & 39 Broadway

Matthew H. Sloane *M. D.*
Medical Attendant.

Address 133 Orleans St.
Balt. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Lamb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 83 Welcome Alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1884

Undertaker, H Ross

Place of Business, 95 Conway

W S Booze *M.D.,*

Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellina Bess

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, Colw

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Hanburg St near Warren

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mass St Cemetery

Date of Burial, June 27th 1881

H W Webster M. D.
Medical Attendant.

Undertaker, Samuel P Chase

Place of Business, 198 S Howard St *Address,* 57 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Henry Martin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 Months, 15 Days. — Years,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 mos & 1/2

Place of Death, {Give street and number} 14 Bath St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 27th

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

J. H. Branham M. D.
Medical Attendant.

Address, 830 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Magdalena Geyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Hesse Darmstadt

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 73 S. Fremont

Cause of Death, First, (Primary,) General cancer

Second, (Immediate,) Prostration

Duration of last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Lan Don park Cemetery

Date of Burial, June 28

Caleb Winslow M. D.
Medical Attendant.

Undertaker, Ernest Schlamm

Place of Business, 200 Sharp st. *Address,* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48881

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27. 1887 (Bernhard)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bernhard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 344 S. Charles

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md

Date of Burial, June 29th 1887

Undertaker, Weber & Koehler

Place of Business, Mary & Cross st

G Henderson Boyle M.D.,

Medical Attendant.

Address, 146 Monroe St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 2 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Conrad - Sophia C. (Parents)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 5. N. Alley

Cause of Death, First, (Primary.) Premature birth 7 mo

Second, (Immediate.) Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, June 27

Undertaker, Jacob Davis

Place of Business, No 102 Lee St

R. H. Ellis *M.D.,*

Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...special attention of ... to this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1881 Baltimore Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Bjelaskowsky

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* seven *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 146 E. Lombard St

Cause of Death First, (Primary,) ———

Second, (Immediate,) Cholera infantum

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Edgewood Cem Phila Road

Date of Burial, June 27.

L O Winternitz M. D.
Medical Attendant.

Undertaker, W. Goldsmith

Place of Business, 53 N. High St *Address,* 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48884

The Physician who attended any person in a last illness is responsible for the ~~presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Quaile

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, fifty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, {Give street and number} ~~Thirty four years~~ St Vincents Hospital Baltimore

Cause of Death First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, June 27th 1881

Undertaker, Jas H Byrne

Place of Business, 5 N Eutaw St

F Whatard for M. D.
Medical Attendant.

Address, 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hanley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 S. Frederick Ave

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 4 month

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters C.

Date of Burial, June 28-1881

Undertaker, J. B. Blackistone & Son

Place of Business, 22 S Cary st

James Bosley M.D.,
Medical Attendant.

Address, 319 Hilliard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48886

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 17 Days.

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 14 Stockton St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 28th 1881

Undertaker, Jos R Cook

Place of Business, 1707 W. Baltimore street

J. J. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Rivs Ellwood

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 369 E Pratt St

Cause of Death { First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,) —

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Cape May N Jersey

Date of Burial, June 29th 81

Undertaker, Thos F Hughes

Place of Business, 111 E Balto

H. H. Lewis M. D.
Medical Attendant.

~~Address,~~ 2231 Frankl

C. P. Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary. Akurst

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 208 William. Ste.

Cause of Death { First, (Primary,) Cholera. Infantum. / Second, (Immediate,) }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, June 28

Undertaker, Hurley & Denny

Place of Business, No 263 Light St

J. O. Harrington, M. D.
Medical Attendant.

Address, Cor Cross & Light Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 44889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 28 91

Undertaker, Key & Lyon

Place of Business, 33 W Broadway

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48890

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

ALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Atkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* 15 *Days.*

Color, ~~col~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Launders

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of ~~Residence~~ in the ~~City~~ of Baltimore,

Place of Death, {Give street and number.} n. Spring 39

Cause of Death, First, (Primary.)

Second, (Immediate.) Hydrops & Inanition

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 28 1881

E. C. Baldwin M.D.,
Medical Attendant.

Undertaker, Charles A. White

Place of Business, No 108 Aliceanna St *Address,* 124 n Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48891

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David, Co. Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* *6 Months,* *10 Days.*

Color, Black —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt^o

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Jones Court

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lauriel Cemetary

Date of Burial, June 28, 1880

J. D. Gwinn M.D.,

Medical Attendant.

Undertaker, Charles A. Mish

Place of Business, No. 708 Orleans St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48892

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shiels

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 9 West Falls ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 6 Months, I saw him 12 hours before

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 28th 1881

Geo. C. Reynolds M.D.,
Medical Attendant

Undertaker, Jas Byrne

Place of Business, [redacted] Front st *Address,* N. E. Cor Calvert & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48893

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Andrew Stibner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* ~~—~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} #329 Dallas st

Cause of Death, First, (Primary.) Fever

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 29 June

Undertaker, Adam Fink

Place of Business, 461 N. Gay st

Geo. K. Hartman M.D.,
Medical Attendant.

Address, #305 N. Caroline st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48894

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Fay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 109 Hamilton St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29th

Undertaker, Julius Skeckler

Place of Business, Cross & Sharp.

H. Howard Cotte M.D.,

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1881 3.30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kraus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 69 s. Chapel ste

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Abscess

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's

Date of Burial, 29th inst

Undertaker, Michael Funk

Place of Business, 1035 Bank ste

L. L. Litzen M. D.
Medical Attendant.

Address, 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes V. Swaggert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George County

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 174 East St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Upper Marlboro, Md

Date of Burial, June 29th 1881

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Schilling.

Place of Business, Monument Cemetery *Address,* 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2232 Fremont

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Rosenstock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 44 Valley St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. Wm. Brooke Boyle M.D.,

Date of Burial, June 29th Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave. *Address,* Eager & Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48898

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Payne

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, — *Years,* — *Months,* 7 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and number. } 27 Ellwin St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1901

Undertaker, Wm H Burkhardt & Co.

Place of Business, 97 Druid Hill Ave

W W Anderson M.D.,

Medical Attendant.

Address, 1128 Hrankelin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26, 81 2 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiel Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Porter at Univ. of Md Med. School

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} 11 Chase St.

Cause of Death, First (Primary,) Myelitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 1881

Undertaker, Wm H. Zeiler Jr.

Place of Business, 9 E Baltimore St.

J. Edwin Michael M. D.
Medical Attendant.

Address 246 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Richardson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* ~~Months,~~ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Laborer~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 16 Parish st

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1881

Undertaker, William A. Suge

Place of Business, 10 Hoffman Alley

John W. Lewis *M. D.*
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48901 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Watts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} * 150 N. Wolfe St.

Cause of Death, First, (Primary.) Meningitis (Tubercular)

Second, (Immediate.) Eclampsia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 29th 1881

Undertaker, Fry & Bro.

Place of Business, 154 N. Broadway *Address,* * 305 N. Caroline St.

Geo. A. Hartman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhanna Curtain

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 12 *Years,* 5 *Months,* 1 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, 12 Years 5 mos 1 day

Place of Death, { Give street and number } 53 Boyd St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Tetanus (Lock Jaw)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 28 1891

Undertaker, Wm. Wm. Cadogan

Place of Business, 2 Mulberry St.

A. L. Shan M. D.
Medical Attendant.

Address, 387 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Sutton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* 27 *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne-Ar-Md

Duration of Residence in the City of Baltimore, 30 yrs -

Place of Death, {Give street and number.} # 62 China St

Cause of Death, First, (Primary.)

Second, (Immediate.) Gastritis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Harp et cem

Date of Burial, 29 June

Undertaker, Geo Perkins

Place of Business, 130 Conn

D. E. Bell M.D.,

Medical Attendant.

Coroner's Physician

Address, 161 St, Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48904

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Bowles

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Seldens Ln

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, 28 of June

Undertaker, Geo. W. Ertinger Jr. & Co.

Place of Business, 130 Henrietta

Leonard Coates M.D.,
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48905 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 28 /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Intestinal Hemorrhage

Second, (Immediate.) as therein

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 28 /81

Undertaker, Jno. A. Kirchner

Place of Business, 502 E. Carroll Ave

F. West *M.D.,*

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48906

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1891 BALTIMORE

Date of Death, June 26th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Edward Hunt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* 16 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 193 Orleans

Cause of Death, First, (Primary.) Hypertrophy Heart-

Second, (Immediate.) Pneumonic

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 91

Undertaker, Geo Lodtz

Place of Business, 78 Eutaw St

Wm L Russell **M.D.,**
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 4890 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday June 27 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adie Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, (*Years,* *Months,* 3 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 86 Millington St

Cause of death, First, (Primary,) Umbilical Hemorrhage

Second, (Immediate,) Syncope.

Duration of Last Sickness, One day & night.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1887

Undertaker, Chas J Lobb

Place of Business, 23 S Eutaw St

G H Hayes M. D., Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48908

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 7 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 7 *Months,* ~~——~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Stockton court

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic Cemy

Date of Burial, June 29 '7881

Undertaker, F. A. Kirchner

Place of Business, S. Carrollton av

James A. Stewart M.D.
~~Medical Attendant~~ Sun Shore

Comm of Health
Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 PM
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Field

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* Three *Months,* Eighteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, —— ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 Months. 18 Days.

Place of Death, {Give street and number} No 10 N Carey Street

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,) Spasm Fits

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Wednesday June 29th

Undertaker, Denny & Mitchell

Place of Business, 536 Fayette St

P. S. Field M. D.
Medical Attendant.

Address, No 10 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48910

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 36

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... M.D.,

Date of Burial, ...

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jani 28. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Kaisser

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, Son of W. Kaisser Sinner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 m.

Place of Death, { Give street and number } N. 31 E. Lombard St Baltimore

Cause of Death { First, (Primary,) Cholera infantum / Second, (Immediate,) .....

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Jan 29/81

Undertaker, Ran & Bartell

Place of Business, 62½ E. Balt St *Address,* .....

Robt M. Ph Keatley M. D.
N. 88. E. Lombard St.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48912

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 137 McCulloh st

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} * Penn Alley near Lemmert

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, June 29. 1881

Undertaker, John C. Jones.

Place of Business, No 8 Parkin

Julian Edwards **M.D.,**
Medical Attendant.

Address, 315 Lemmert Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased,~~ or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ~~0~~ *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} No 22 Hanover St

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, June 29 1881

T. Edward Kelly M. D.
Medical Attendant.

Undertaker, S Chase

Place of Business, 96 Howard St *Address* 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 3 31 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Agnes Graham

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... 2 *Months,* ..... 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md Life

Duration of Residence in the City of Baltimore, ... 345 N. Gay St

Place of Death, {Give street and number} ..... Meningitis acute —

Cause of Death { First, (Primary,) ..... convulsions & Asthenia

Second, (Immediate,) .....

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, June 29th

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* 179 E. Monument St

Irving Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881 Forenoon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Rosenbaum

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Phlegmonous inflammation of leg

Second (Immediate,) Gangrene

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. H. Ben Cemetery

Date of Burial, June 29 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address*

A Friedenwald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 48916 ...strar of...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} E. Rice Street

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Atrophy

Duration of Last Sickness, 1 month

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 29th 1881

Undertaker, Saml W. Chase

Place of Business,

James A. Stewart M.D.,

~~Medical Attendant.~~ Comm'r of Health

Address, Eagle Station

Per Notman

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Brown

Board of Health, City of Baltimore,

Permit No. 48917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. F. Carrick,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 469 E. Fayette st.

Cause of Death, First, (Primary.) Diptheria maligna

Second, (Immediate.) Ex Laryngitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, June 29th 1881

G. G. Lusk M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Balto & Paca sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E Lewis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, one *Years,* *Months,* two *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 189 S. Howard St.

Cause of Death, First, (Primary,) Tubercular Phthisis

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29

Undertaker, [redacted]

Place of Business, [redacted] *Address,* 146 Hull St

H. D. Dyer M. D.
Medical Attendant.

H. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 48919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.*~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leander Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 31 Munn St

Place of Death, {Give street and number.} Cholera Infantum

Cause of Death, First, (Primary.) Three (3) Days

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Undertaker, Wm H Bishop Jr.

Place of Business, #97 Druid Hill Ave.

W W Bolton M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48920

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Morrison Grimes

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 63. N Central Avenue

Cause of Death, First, (Primary.) Scarlet Fever -

Second, (Immediate.) acute Brights Disease

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetery

Date of Burial, 29th June

Undertaker, John Lake

Place of Business, N° 161. E Baltimore St

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 48921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Henry Offendall.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 yrs. 3 days.

Place of Death, { Give street and number } Mount Clare Junct.

Cause of Death { First, (Primary,) Indigestion. Second, (Immediate,) Asthenia

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 30th

Undertaker, W. S. Dill

Place of Business, 183 Columbia ave

L. E. Dorsey M. D.
Medical Attendant.

Address, 19 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48922

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty~~ of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Loane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93. Mulliken St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Consumption

Duration of Last Sickness, Life was born with the Disease

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 29

Undertaker, Geo P Byrne

Place of Business, Fronte

D D Lewis M.D.,
Medical Attendant.

Address, 13 Orleans St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 3 1 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Lauchman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 122 Saratoga St.

Cause of Death First, (Primary.) Cholera

Second, (Immediate,) Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ephraim's Cem

Date of Burial, June 29

Undertaker, L. Bowman

Place of Business, 452 Block Address, 213 E. Chase St.

Jno. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 489214

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 489214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nines

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 2 hours *Days.*

Color, ?

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 145 N. Caroline

Cause of Death, First, (Primary,) ~~Asphyxia~~, Premature Birth

Second, (Immediate,) no Visible

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Whitefield Winsey *M. D.*
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, #13 Jefferson st *Address,* 116 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 48925

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~to~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~such deceased~~, ~~sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL ~~CAN BE OBTAINED WITHOUT~~ A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cannon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Hunter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty four Years

Place of Death, {Give street and number} No 24 Virient Alley

Cause of Death, First, (Primary,) [redacted] Strictis

Second, (Immediate,) Prostration

Duration of last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 30th

Undertaker, P. B. Cook

Place of Business, 707 West Pratt St

John H Aldridge M. D.
Medical Attendant.

Address, No 91 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLARY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

11-8926

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *fully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah P Benton

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 Mechanics Court Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 17 Mechanics Court

Cause of Death, { First (Primary,) Measles / Second (Immediate,) Spasms

Duration of Last Sickness, don't know saw the Child 10 hours before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Undertaker, Wm N. Lanzi

Place of Business, 562 E. Cost st

Richd Lappington M. D.
Medical Attendant.

132 N. Gay st
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11-0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1 1881 BALTIMORE

Permit No. 48927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

~~CERTIFICATE~~ OF DEATH.

Date of Death, 6 1/2 30m P. M. 28th June, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Jane Robinson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* 9 *Months,* 10 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, 4 years 9 Months & 10 Days

Place of Death, { Give street and number } 23 Jordan Alley, Baltimore, Maryland

Cause of Death, First, (Primary,) Ulcerated Sore Throat

Second, (Immediate,) Convulsions

Duration of last Sickness, Three or four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Wm. J. Smith M. D.
Medical Attendant.

Undertaker, Kemp Ley & Madden

Place of Business, 116 Baltimore St. *Address,* 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 48928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 28th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 N. Bethel St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 29th

Undertaker, Charles H. Whitt

Place of Business, 108 Orleans St. *Address,* 13 Green St

D D Gaston *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18929

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michl Hook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Fireman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, { Give street and number. } 153 Chesapeake St.

Cause of Death, First, (Primary.) Cirrhosis of Liver

Second, (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem'y

Date of Burial, 30 June 1881

C. W. Mansfield *M.D.,*
Medical Attendant.

Undertaker, Jno C Schuck

Place of Business, 248 Aliceanna *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Boa

re,

Ward

Permit No. 48930

The Physician who attended any person in
out, to the Undertaker or other person superinten
if requested so to do, under penalty of law.

Can

Pl.

Age 3

Undertaker.

No. 18

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTI

CERTIFICATE OF DEATH.

Date of Death, Tuesday June 28-1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* —

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Junk Gatherer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jotaecostick Md

Duration of Residence in the City of Baltimore, Ten (10) Years

Place of Death, {Give street and number.} 118 N. Dunbarton St

Cause of death, First, (Primary,) Morbus Brightii

Second, (Immediate,) Uraemia —

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Penn Market Dorchester county Md

Date of Burial, June 29th

Undertaker, Charles F. Mc C

Place of Business, 1 P.S. of Cecil St *Address,* 222 N Bond

Leo M. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2233 Hanset

Board of Health, City of Baltimore,

Permit No. 48931

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A. Albertazzi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 1/2 *Days,*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 249 Linden Ave Baltimore Md.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 249 Linden Ave

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.) ——

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Thomas Opie M.D.,
Medical Attendant.

Address, 39 N Cary St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48932

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chicago

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 27 Neighbor St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Brain fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 29th 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

M. Brooke Boyle M.D.,
Medical Attendant.

Address, 166 Bayn St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48933

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27- 3 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Chas. Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Almost 27 Years

Place of Death, {Give street and number.} 17 Mulliken removed to 41 Holland

Cause of Death, First, (Primary.) Cerebral Hemhrage

Second, (Immediate.) Paralysis

Duration of Last Sickness, Taken Sick April 16th called on the 19th

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 29th 1881

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St

James E. Donelle M.D.,
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Love

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper smith.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Pubercular Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, E. Pcb Cemet

Date of Burial, June 29th 1881

Undertaker, P. Mullen

Place of Business, —

H J Lacar *M.D.,*

Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48935

Office of Registrar of Vital Statistics

HEALTH DEPARTMENT JUN 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 28 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kaiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27. *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} N. Spring St. No. 37

Cause of Death, First, (Primary.) Delirium tremens

Second, (Immediate.) Spasms

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 30. 1881

Undertaker, H. Hahmann

Place of Business, 63 N. Eden

Chs. H. Tieh M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48936

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

Permit No. 48936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Aikens

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days.*

Color, Colored.

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single.

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 16 Sterling St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate,)

Duration of last Sickness, Been ill about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 29. 1881

Undertaker, Jos C Jones

Place of Business, No 68 Rutter

John Dio Conn M. D.
Medical Attendant.

Address, 283 n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 48937

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgie Tibbetts

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 2 2 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ct Mary's Co Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, { Give street and number. } 1 St N Calvert St.

Cause of Death, First, (Primary.) Acute Pericarditis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 29th 1881

Undertaker, Joseph F Byrne

Place of Business, 519 N Liberty

Oscar H Kerr M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48938

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry Banks

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 60 Eastern Ave

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 30 th, 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John J. Kirk M. D.
Medical Attendant.

Address, 215 N. Caroline Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fisher

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 1 — 5

Place of Death, { Give street and number. } 188 Crop

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Holton's Cemetery

Date of Burial, June 30

Undertaker, B. Gaul

Place of Business, 82 West St.

A. Cary Ellis M.D.,

Medical Attendant.

Address, 3-3 Lytle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 3 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28/94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 89 Holmes st.

Cause of Death { First, (Primary,) Cholera Infantum (congestive)
Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 29

Undertaker, B. F. Keale

Place of Business, 82 West ft.

Dr Hirsh M. D.
Medical Attendant.

Address, 913 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48941

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mrs Henry Arnold~~ Thomas Busby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 12 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Shoenbergs Wharf foot of Wolfe St

Cause of Death, First, (Primary.) accidental Drowning

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1881

Chas. M. Morfit M.D.,
Medical ~~Attendant~~.

Undertaker, Charles A White Corner E Balto

Place of Business, 10 Orleans street *Address,* 67 E Balto Street

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Shoemaker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Spring Grove Asylum

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition & Cholera Infantum

Second, (Immediate,) Sunstroke

Duration of last Sickness, Since

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 30

C. F. Brun M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Russ St. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11716

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ~~PROPER~~ CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1931

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Scott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} Nursery & Child's Hospital Leading & Mad-Ison

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, June 30

Undertaker, C W Blizzard

Place of Business, 20 Penna Ave

C. F. Bran M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hardie

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 83 *Years,* —— *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lumber

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} 208 Fulton ave

Cause of Death, First (Primary,) Old age

Second (Immediate,) Angina Pectoris

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 29 June 1881

Undertaker, A. Kimmins

Place of Business, 32 South Howard St

J. Gilman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48945

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 29 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robbins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy-four *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Shepstown W Va — Seven Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 484 N Baltimore St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) General Debility

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 30 F

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont Address, 89 Mercer St

D G Green M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Kline

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Levy Law Monument St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, June 30th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* Essex St

O H Mahon M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48.947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernestine Rahlie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} S. W Cor Caroline & Fayette Sts

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, 30th June

Undertaker, Adam Fink

Place of Business, 461 W Fay St

[illegible] M. D.
Medical Attendant.

Address 128 Chew st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Glenn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* ____ *Months,* ____ *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number} 73 Lancaster St

Cause of Death, First, (Primary,) Dysentary

Second, (Immediate,) Dysentary &c

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, June 30th 1881

Undertaker, Reuss & Mitchell

Place of Business, 65 S Broadway

J E Pickard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48.545

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1881 BALTIMORE

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* [illegible] *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {~~Cross out~~ the word not required in this line.} ✓

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, About 4 months

Place of Death, {Give street and number.} 111 Saratoga St.

Cause of Death, First, (Primary.) Supposed to be Cholera

Second, (Immediate.) Infantum.

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 30th 1881

Undertaker, Peter Kummer

Place of Business, Mulberry St

J. H. Scarff M.D.,
Medical Attendant.

Address, H. Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48950

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29/91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Vanderlin

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 145 S. Bond

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3

{ *Undertaker,* Woodall Dixon

{ *Place of Business,* S Bond 151

R. W. Mansfield *M.D.,*

Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1 of 1887

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* 19 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 39 Plum Alley

Cause of Death, First, (Primary,) Hereditary Syphilis

Second, (Immediate,) Marasmus.

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, A Stary Cemetery

Date of Burial, June 30

Undertaker, H Rost

Place of Business, 15 Conway St

Wm Gouhil M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 48952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Morris

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 24 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 York St

Cause of Death { First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, June 30

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* Southern Dispensary

J. J. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48953 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Shaw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Back Basin

Cause of Death, First, (Primary.) accidentally drowned

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1881

Undertaker, Peter Lee

Place of Business, ~~6~~ 161 Balto St

C. M. Morfit M.D.,
Coroner's ~~Medical Attendant~~.

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48957

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 29 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 443 Calhoun St, St Agnes Pulmonales

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, July 1st 1891

Undertaker, Wm. Shenowith

Place of Business, 936 Pa Ave

Henry P. Hurst M.D.,
Medical Attendant.

Address, Cor Fayette & Greenmount

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Boston -

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Negro -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City -

Duration of Residence in the City of Baltimore, during Life -

Place of Death, {Give street and number.} 113 Chesnut Alley

Cause of Death, {First (Primary,) Pertussis

{Second (Immediate,) Gastro Enteritis, (Diarrhoea) 4 weeks -

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Undertaker, Wm. H. Dampe

Place of Business, No 62 East St

J Rickert M.D.
Medical Attendant.

Address, 520 Penna Av

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Laurel Cemetery

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29 June 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} 273 Orleans St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis with Asthenia.

Duration of last Sickness, Twenty Two Days

All the above information should be furnished by the Physician.

Place of Burial, Easton Shore Maryland

Date of Burial, June 29th 1881

Undertaker, Wm. N. Snyder

Place of Business, No. 62 East H

W. F. Leonard M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2234 transit
Easton Shore Maryland

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48954

The Physician who attended any person in a last illness is responsible for the ~~presentation of this Certificate,~~ *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Shelly

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} —

Age, — *Years,* Four *Months,* — *Days.*

Color, Mulatto

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Four months.

Place of Death, {Give street and number} No. 15 Penn alley

Cause of Death First, (Primary,) Hamilton

Second, (Immediate,) Debility

Duration of last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1881

Undertaker, Wm. H. Danger

Place of Business, No 62 East st

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Laurel Cemetery

Board of Health, City of Baltimore,

Permit No. 48958

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Gaulet

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give street and number. } 10 Bond St

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.)

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Wharf St Cemetery

Date of Burial, June 29th 1881

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

James Bosley M.D.,
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wharf St Cemetery

Board of Health, City of Baltimore,

Permit No. 48959

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fleckenhagen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 160 [redacted] Lee St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 30th 1881

J. Elbon M.D.,
Medical Attendant.

Undertaker, Th. Secrest

Place of Business, 35 S. Eutaw

Address, 205 W. Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48960

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perlinda Talbott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty two *Years* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. W. Cor. Fulton & Fayette Sts

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 30th 1881

Wm. Whitridge M.D.,
Medical Attendant.

Undertaker, Wm. H. Hetrick

Place of Business, N. Gay St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48961

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lefever

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 34 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 280 S. Bond St.

Cause of Death, First, (Primary.) Pneumonia accompanied by Diarrhoea.

Second, (Immediate.)

Duration of Last Sickness, Eleven Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 1. 2

Undertaker, Leonhard Kurtz

Place of Business, 277 S. Bond Street.

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48962

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person~~ in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within *twenty-four hours* after the death of said deceased, or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE

Date of Death, June 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Beauchs Rockwood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} * 146 Orleans St.

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Spurious hydrocephalus

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 1st 1881

Undertaker, John Lalee

Place of Business, 161 E Balto St

Geo A Hartman M.D.,
Medical Attendant.

Address, * 305 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48963

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rochford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. W. Cor Hanford St & Lamore Av

Cause of Death, First, (Primary.) Diphtheritic croup & Measles

Second, (Immediate.) Septicemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 30th 1881

Jno. Brooke Boyle M.D.,
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address,* Eager & Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48964 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Hartman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and number.} 137 S. Caroline St.

Cause of Death, First, (Primary.) acd age

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mark

Date of Burial, July 1/81

Undertaker, C. Eckhardt

Place of Business, 269 Canton av.

R. M. Mumford M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47962

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48965

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Knoche

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* One — *Months,* Five *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and number.} S. East Corner Central Avenue & Granby St

Cause of Death, First (Primary,) — Second (Immediate,) Inflamation of the Brain

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1881

Undertaker, F. Bischoff,

Place of Business, ~~No. Bond~~ 151 Bond & Bank

Chas. O. Cummings M. D.
Medical Attendant.

Address No. 130 E Pratt St Balto Md

Board of Health, City of Baltimore,

Permit No. 48966

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Kelly Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 167 N. Carey St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, June 31st 1881

Undertaker, John L. Thaeter

Place of Business, No 150 Camden

Penbrooke Mc. Sherry ..... M.D.,
Medical Attendant.

Address, No 205 N. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 18967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE HEALTH DEPARTMENT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29/87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Parks

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, &c. ____

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } ____

Occupation, House Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert County

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } Parish Valley between Patterson & Biddle

Cause of Death, First, (Primary.) Double Pneumonia

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 30th 1887

Undertaker, S. W. Chase

Place of Business, 188 S. Howard St. *Address,* ____

J. E. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48968

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Guckert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 148 S. Eden St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 30 1881

Undertaker, M. Feuth

Place of Business, 35 Bank St

James A. Stewart M.D.,

~~Medical Attendant.~~ Comm of Health

Address, & Registrar

~~Baltimore~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

Permit No. 48969

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ~~if requested so to do~~, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N Jeer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, 2 Days.

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 79 Stockton

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 12 — day's

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 1

Undertaker, J B Cook

Place of Business, 707 West Butler Address,

H. P. Hewett M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48970

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustine Bartuniak

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 N. Washington St

Cause of Death, First, (Primary.) Dentitious

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, June 30th 1881

Undertaker, P. Mullin

Place of Business, P. Park ave

James A. Stewart M.D.,

~~Medical Attendant~~

Address, Comm of Health & Regis

~~Coroner~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

James A. Stewart M.D.

Board of Health, City of Baltimore,

Permit No. 48971 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Chestnut St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1881

Undertaker, C. A. White

Place of Business, Granby St

James A. Stuart M.D.,

Medical Attendant

Comm of Health + Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam by L. P. Smith M. Insp

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

Date of Death, June 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Hunt (Infant)

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} 150 E Lombard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 4th of July.

Undertaker, Fred Gaede.

Place of Business, 24 E Caroline St,

J M Carter M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 48973

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Thomas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 East St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ex Ground

Date of Burial, June 30th 1881

James A. Stuart M.D.,

~~Medical Attendant.~~

Undertaker, A. Wayman

Place of Business, Saratoga St

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jas P. Smith M.D.

No. 14897 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

Permit No. 14897 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Wagner

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 11 *Months,* 29 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxonia Altenburg 6 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Albemarle St 73

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Heart not

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1/81

L. Meinhardt M. D.
Medical Attendant.

Undertaker, Rau & Bedtell

Place of Business, 62½ W Balt St. *Address,* 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 48975

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Gessler Edwards

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 334 E. Balt. St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Delaware

Date of Burial, July 1st. 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

G. G. Luck M.D.,
Medical Attendant.

Address, Balto & Hanover Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2236 Transit

(The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.)

Board of Health, City of Baltimore,

Permit No. 48976

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva L Wildman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 341 Chase St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dph Theretia Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 1st

Undertaker, Geo. Schilling

Place of Business, Ashland Square

O S Mahon *M.D.,*

Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murphy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore died 23 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 7 Hanover

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,) One year

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 1st 1881

Undertaker, Matthews Bader

Place of Business, 147 Market Space

H. L. Thein M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 48978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Crane Allen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte Mont

Duration of Residence in the City of Baltimore, Septem

Place of Death, {Give street and number} N. 345 Franklin St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 1st 1881

Undertaker, Denny & Mitchell

Place of Business,

J. Whitridge M. D.
Medical Attendant.

Address, 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 48979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48979

HEALTH DEPARTMENT
1881
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Steven

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* Two *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Originally

Place of Death, {Give street and number} 64 Bank St

Cause of Death, First, (Primary,) Fall

Second, (Immediate,) Acute Meningitis

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1881

Undertaker, Theodore J. Loeks

Place of Business, 73 Jefferson St

J. Whitfield Wilson M. D.
Medical Attendant.

Address, 162 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ppearing, invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or ~~sooner, if request-d so~~ to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brown

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, Years, 14 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Oxford St

Cause of Death, {First (Primary,) Bronchites

Second (Immediate,)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu... hin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting f... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dece... d the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

No. 48981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Parraway

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number} No 3 Wilmor alley

Cause of Death {First, (Primary,) Cholera infantum

{Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Woodberry

Louis Fawcett M. D.
Medical Attendant.

Address, 92 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48982 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman C. Zeller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 196 Hamilton

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 1st 1881

Undertaker, John Thacker

Place of Business, No 150 Camden St

Hendrick Cole M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 48983

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Nicholson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, b

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Buckmaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Howard Co

Duration of Residence in the City of Baltimore, abt 60 Yrs

Place of Death, { Give street and number. } 205 S. Dallas St

Cause of Death, First, (Primary.) Cholera Morbus (Suppose)

Second, (Immediate.)

Duration of Last Sickness, abt 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemy

Date of Burial, July 1st 1881

Undertaker, P. Mullen

Place of Business,

Chas Wilbert M.D.,
Medical ~~Attendant~~.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Had no cert & he was obliged to use pencil Editor

Board of Health, City of Baltimore,

Permit No. 189847 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas G. Purnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 8 *Months,* 15 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 45 Arch street

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1881

Undertaker, John C. Jordan

Place of Business, Park ave

James A. Stuart M.D.,

Medical Attendant.

Comm of Health

Address, 626 Cathedral St

Dec 1st 1881

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - Jos P. Smith

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48985

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McGreevy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* 7 *Months,* 9 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 253 S. Broadway

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 1st

Undertaker, M. Slaske & Son

Place of Business, 64 E. Balto

P. G. Dawal, M.D.,
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so ~~to do~~, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rodney G. Mule

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 8 *Months,* — *Days.*

Color, ~~Col~~ White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 348 Saratoga

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) Exhaustion

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 1st

Undertaker, C. H. Blizzard

Place of Business, 2201 Pennsylvania ave

H. F. Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL[illegible] 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Hartwig

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 313 W Pratt

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 2" 1881

Undertaker, [illegible] Heuwald

Place of Business, 35 [illegible] Eutaw

Edwd F Mulholland M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Harder

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany - In U.S. 19 yrs.

Duration of Residence in the City of Baltimore, 19 days

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, July 1st 1881

H. J. Laciar M.D.,
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 20 E Eastern Ave *Address,* City Hook.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of ~~this Certificate, *accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bowen Wright.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 S Stricker St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three month.

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetary

Date of Burial, July 1 5 o'clock PM

M.D.,

Medical Attendant.

Undertaker, T. M. Leaman

Place of Business, 75 L. W. Balto St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48990

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Hamburg St

Cause of Death, First, (Primary.) Stolen Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, July 3

Undertaker, B. Myers

Place of Business, 82 North St. *Address,* 313 Fell

R. F. Ellis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48991

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Date of Death, June 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Schumacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton, Penna

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Inflam. Phthisica

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lonely

Date of Burial, June 1

Undertaker, Wendell Dippel

Place of Business, 5 Bond St. *Address,* City Hosp.

H. J. Lacian M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48992 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles ~~Schlifferer~~ Schafferer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 19 Butler alley

Cause of Death, First, (Primary.) Teething & Diarrhoea

Second, (Immediate.) marasmus & want of Nursing Care

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 2d 1881

Undertaker, Peter Frey

Place of Business, 91 Eden Alley

C. A. Dvhune M.D.,
Medical Attendant.

Address, 86 S. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Keepers of

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 48993

Board of Health, City of Baltimore,

Permit No. 48993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Jaylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) General Debility

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Bals Cemetery

Date of Burial, July 1st 1881

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19[illegible]

Keepers of [illegible]
Permits for Burials, to the Office where [illegible]

No. 48994

The Special Attention of [illegible]icians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for~~ Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* June *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md -

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 156 Arlington ave:

Cause of Death First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Onancock Accomack Co Va

Date of Burial, July 1st 1881

John D. Ford M. D.
Medical Attendant.

Undertaker, Henry V Mitchell

Place of Business, 55 & 57 Fayette St *Address,* 215 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] CITY PRINTERS AND STATIONERS.

2237 Fawcett

17"

Keepers of
Permits for Burials, to the Office w[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48995

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Lewis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } No 58 Hamburg St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 2d 1881

Undertaker, Wooster & Lamb

Place of Business, 263 Light

C. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 48996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1881 BALTIMORE

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Fraser

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Worker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number. } 280 Canton Ave

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 1st '81

Undertaker, M. Fraser

Place of Business, 280 Canton Ave

_____ *M.D.,*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2 1

Keepers of Cem
Permits for Burials, to the Office whence issued. Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4899

Office of Registrar of Vital Statistics.

The Physician who attended any person in ~~a last illness is responsible~~ for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Date of Death, June 29th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Dony

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} # 210 Alice Anna St

Cause of Death, First, (Primary.) Chronic Bronchitis followed by Pneumonia & Dropsy.

Second, (Immediate.)

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 1st '81

John H. Rehlaender M.D.,
Medical Attendant.

Undertaker, M. Franer

Place of Business, 200 Canton

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1"

Keepers of Cem[illegible]
Permits for Burials, to the Office where issued Saturday of each [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 48998

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Date of Death, June 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wohperer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* 4 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ ~~or Widower~~, { Cross out the word not required in this line. } V

~~Occupation~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 310. Canton Avenue

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.)

Duration of Last Sickness, (7 days)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus &c

Date of Burial, July 1st '81

Undertaker, M. Stranes

Place of Business, 280 Canton Ave

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Lacken Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1"

Keepers of
Permits for Burials, to the Office whence issued, Saturday

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 48999

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward S. Price

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md Cecil

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 108 S. Duncan alley

Cause of Death, First, (Primary.) Cerebro-Spinal Meningitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, July 2nd 1881

Undertaker, H. M. Gilmeyer

Place of Business, No 340 Canton ave

G. L. Williams M.D.,
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19005

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Douglas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.} Married.

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Low St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, July 2, 1881

Undertaker, Henry Hyett

Place of Business, 109 Central ave *Address,* 2 N Broadway

D W Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49001

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Bishop

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Housework

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1st year

Place of Death, { Give street and number. } 19 Somerset St

Cause of Death, First, (Primary.) Cystic Interlinial Tumor

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, July 4 1881

Undertaker, Henry Hook

Place of Business, 30 Central ave *Address.*

F. Turnbull M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other ~~person superintending the burial, within~~ *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie F Lloyd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 14 *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 2 Gravel alley

Cause of Death, First (Primary,) Duntition

Second (Immediate,) Convulsion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1881

Undertaker, Kemp & Madden

Place of Business, ~~No~~ 116 Orchard St

T. J. Ware *M. D.*
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49003

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Ellen Dorsey~~ Ellen Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 31 Smith St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st /81

Undertaker, Hemsley & Madden

Place of Business, 116 Orchard St

J. H. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49004

The Physicinn who attended any person in a last illness is responsible for the presentation ~~of this Certificate, accurately filled out~~, to the ~~undertaker or other person superintending the~~ burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lovenia Hunter.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Black.

Sex,

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} — Va.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 190 Vine St

Cause of Death, {First (Primary,) / Second (Immediate,)} Paralysis

Duration of Last Sickness, About 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 1881

Undertaker, Hetherington & Macbeth

Place of Business, 116 E. Pleasant St

Address 243 N. Fremont St.

E. M Reid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kroner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~*Years,*~~ 29 *Months,* ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1982 N. Washington Ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetery

Date of Burial, July 1. 1881

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

A. Donnahoe M.D.
Medical Attendant.

Address 145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49006

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Ed Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 507 S. Eutaw St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1st 81

Undertaker, E. H. Perkins Jr & Co

Place of Business, 130 Hanover St

W. E. Booze M.D.,
Medical Attendant.

Address, 202 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Benton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number} No 420 W. Lombard St.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) Spasm
Five (5) Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery H. L. Spear M. D.

Date of Burial, July 2 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St. *Address,* 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 49008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Permit No. 49008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out, to the Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 - 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Brighman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, White

~~*Married, Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 392 Lexington St -

Cause of Death, First, (Primary,) Bronchitis.

Second, (Immediate,)

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd

Undertaker, Joseph F. Cook

Place of Business, 707 West Baltimore St

Louis W. Knight M. D.
Medical Attendant.

Address, 42 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 49009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Allen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and number} 171 Spring

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, July 1st 1881

E. B. Fenby *M. D.*
Medical Attendant.

Undertaker, The A. Locke

Place of Business, *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49010

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ~~if requested so to do, under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brandel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 21 Mullikin Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentis

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 2nd 1881

Undertaker, James S Byrne

Place of Business, No 63 N Gay St *Address,* 138 Mc Elderry Street & Broadway

Milton N. Taylor, **M.D.,**
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49011

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kobelmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 13 *Days.*

Color, white

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N.: 100 Hanover St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Ob. Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, July 2nd

Henry Salzer M.D.,
Medical Attendant.

Undertaker, F. N. Tootle

Place of Business, 159 Hanover St *Address,* 163 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 12
1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Woolford

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, —— *Years,* 10 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 10 Mo & 10 days

Place of Death, {Give street and number.} 150 Hanover St.

Cause of Death, First (Primary,) ——

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, July 2nd

Undertaker, F. N. Frolt

Place of Business, 32 Hanover St

R C Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49013

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is ~~responsible for the presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Carr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Foster alley

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 1st 1881

Undertaker, W. H. Bishop & Co.

Place of Business, 97 Druid Hill Ave. *Address,*

Chas F. Stuart M.D.,
~~Medical Attendant.~~
Comm of Health
& Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Beverly Dr 88

Board of Health, City of Baltimore,

Permit No. 49014

Office of Registrar of Vital Statistics.

The Physician who attended ~~any~~ person in a last illness is responsible for the presentation ~~of this Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Garfield Pinkney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Butler Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 16 Boyd St

Cause of Death, First, (Primary.) —

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, July 1 1881

Undertaker, William Monroe

Place of Business, No 62 East Street

J. J. Emerson *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49015

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dickes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wissenberg Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 81 Orleans

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Collapse

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, July 2nd

C. C. Ensor M. D.
Medical Attendant.

Undertaker, Henry H. Emory

Place of Business, 63 N. Eden St. *Address,* 145 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 49016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, ~~within~~ *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constance Prevost

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Guadeloupe, West Indies

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 137 N. Carey st.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Albuminuria

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 3rd 1881

Undertaker, Hollingsworth Son

Place of Business, 58 N Eutaw

J. J. Christian M.D.,
Medical Attendant.

Address, 431 Lanvale Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49017

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mississippi Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant-

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 18 or 19 years

Place of Death, {Give street and number.} 93 Lee St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Heart-disease & Bronchitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Chas. St. Cemetery

Date of Burial, Jul 2 1881

Undertaker, B. Y. Johnson

Place of Business, 92 Broward

L. M. Hall M. D.,
Medical Attendant.

Address, 2628 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 49018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 49018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 30 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 32 Carlton St.

Cause of Death, First, (Primary,) I did not attend the

Second, (Immediate,) Child but am told it died in Spasms

Duration of last Sickness, See 16 only 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1 1881

Undertaker, S W Black

Place of Business, 19 S Howard St

Dunnett Norris M. D.
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 49019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Looney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Ten *Months,* ... *Days.*

Color, Blue

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath city

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 99 Raborg St

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, July 1st 1881

Undertaker, H. Ogare

Place of Business, 194 S. Howard st

H C Nelson M. D.
Medical Attendant.

Address Leonard & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49020

Office of Registrar of Vital Statistics.

The Physician who attended any person in a ~~last~~ illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JUL 2
1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cty.

Date of Burial, July 2nd

Undertaker, Wm. C. Froehlich

Place of Business, 244 Eastern Ave

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49042

Office of Registrar of Vital Statistics.

The Physician who attended any person ~~in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Charles Wiltshire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 454 Light St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Stomach derangement

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1

Undertaker, B. Haile

Place of Business, 82 West St.

E. K. Wiley M.D.,

Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49022

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Abrams

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 54 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philada

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} Greenmount Ave

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, Monday July 4-1881 Thomas J. Shearer M. D.
Medical Attendant.

Undertaker, John H. Weber & Co

Place of Business, 22 N. Fayette St *Address,* 9 J. & Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49025

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1887 BALTIMORE

Date of Death, July 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Murphy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Watchman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 10122 Ensor st

Cause of Death, First, (Primary.) Scirrhus of Stomach

Second, (Immediate.)

Duration of Last Sickness, Four Months (?)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd

Undertaker, Geo Schilling

Place of Business, Ashland Square

H. H. Plyeatt, *M.D.,*

Medical Attendant.

Address, 131 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19024

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 17 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 X Alley

Cause of Death, First, (Primary.) Cerebro Spinal Fever

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1881

Undertaker, G W Chase

Place of Business, 69 E Howard

Jas. Bell M.D.,

~~Medical Attendant.~~ Coroner 2d Dist.

Address, 101 E. Lanvale St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

Date of Death, June 30th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Hall

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Dont Know 80 *Years,* *Months,* *Days.*

Color, C

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, (Fredk Co)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 13yrs

Place of Death, {Give street and number} 8 Offord St

Cause of Death First, (Primary,) Dont know

Second, (Immediate,) was not attending her — had not seen her for two months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1891

Undertaker, S Wehrase

Place of Business, 193 Howard St

R. Winslow M. D.

Address, 210 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Miranda Toney.

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 23 Vine St.

Cause of Death, First (Primary,) Cholera Infantum — No treatment —

Second (Immediate,) Brought to the office in a dying condition, reported to have been sick 5 days.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 2 1881

Undertaker, H Purchase

Place of Business, 96 Howard St

John L. H. Tyler M. D.
Medical Attendant.

Address 273 Washington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49027

Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTERED DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie McElroy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 155 N. Fremont

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 3d 1881

J. H. Keller *M.D.,*
Medical Attendant.

Undertaker, E. Lewis Schaefer

Place of Business, 109 N. Fremont *Address,* 84 N. Fremont

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49028

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial~~ Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Anrein

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 346 Ohio.

Cause of Death, First, (Primary.) Brain disease

Second, (Immediate.)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 3 1881

A. J. Arnold M.D.,
Medical Attendant.

{ *Undertaker,* John Herring
{ *Place of Business,* 382 Orleans St. *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 49029

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Groeninger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} Patapsco River, foot of Bride St.

Cause of Death, First, (Primary.) Accidently drowned

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 2nd 1881

Undertaker, C. F. Krause

Place of Business,

Geo. A. Bell M.D.,

~~Medical Attendant.~~ Coroner 5th Dist.

Address, 161 So Eden St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Sudbrook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 18 Lee St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 3 1881

Henry Otto M.D.,
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 49031

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Wilkins (Mothers Name)

~~Sex~~, *Male or ~~Female~~,* { Cross out the word not required in this line. } Boy

Age, — *Years,* — *Months,* 10 *Days.*

Color, White-

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 161 W Lombard St Balto Md

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number. } Mahmilo Hospital

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, July 2 1881

Undertaker, P. Mullin

Place of Business, P. Park ave

L. L. Bitting M.D.,

Medical Attendant.

Address, 161 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 49032 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPARTMENT OF HEALTH BALTIMORE 1881

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Debus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} № 439 W. Pratt. st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, 3rd July 81

Undertaker, Peter Frey

Place of Business, 91 Eastern av.

C. L. Bartlett M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Thomas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* / *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 415 Fremont St

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Spasms

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 2d

Undertaker, J. E. Monagle

Place of Business, 320 Penna Ave

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 49034

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur J Kolduff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 46 East St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 3d

Undertaker, H. C. Wiedefeld

Place of Business, 92 Greenmount Ave *Address,*

Wm Whilde M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balto.

Permit No. 49035

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Francis Armstrong~~ July 2/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Armstrong

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 8 *Months,* 2 *Days.*

Color, Brown Skin

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tubercles

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem"

Date of Burial, Jul, 2-1881

Undertaker, P. Mullin

Place of Business,

J. J. Ware M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49036

Office of Registrar of Vital Statistics.

The Physician who atten... *out*, to the Undertaker or oth... if requested so to do, under pe... ...ACCEPTED... ...ed ...er,

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2. *Months,* 2 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scrofulous.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 2 - 1881

Undertaker, Pat. Mullen

Place of Business,

T. J. Ward. M.D.,
Medical Attendant.

Address, * 127 St Paul St

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Copy [OVER.]

Board of Health, City of Balti...

Permit No. 49037

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jacob Schafer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 165 Hanover St

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3

Undertaker, Henry Brick

Place of Business, Henrietta St 81

J. S. Wilson *M.D.,*

Medical Attendant.

Address, 15 Pittsburg St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 49038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Sikes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 85 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number } 19 S. Wolfe St.

Cause of Death, First, (Primary,) Constipation of Bowels

Second, (Immediate,) Inflamation of Bowels

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Ebt. Alphonsus Sem.

Date of Burial, Sat. July 2nd

Undertaker, [redacted]

Place of Business, No. 25 Bank St

E. P. Bons M. D.
Medical Attendant.

Address, 373 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 49039

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Dennis Byrnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 13 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 174 Prince St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1881

Undertaker, Thos. F. Madden

Place of Business, 116 Richard St

H. Schmitt M.D.,
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49040 *Office of Registrar of Vital Statistics.* Ward .....

The Physician ~~who attended any person in a last~~ illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1891 BALTIMORE

Date of Death, July 1 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 6 - Watkins Ct.,

Cause of death, First, (Primary,) Cholera - Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Thirteen (13) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2d 1891

Undertaker, Lowe & Lowden

Place of Business, 1116 Orchard St.

Geo D Dawson M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 49041

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Martindt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 4 Blair Ave

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} Blair Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Belair Road Balto County

Date of Burial, July 2nd

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. W. White, *M.D.*,
Medical Attendant.

Address, 347 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 4[illegible]

Board of Health, City of Baltimore,

Permit No. 49042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walden Rosenberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 72 Offord St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Cemetery

Date of Burial, July 3rd 81

Undertaker, Geo Saffran

Place of Business, 121 Pennsa Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHEARY & CO. CITY PRINTERS AND STATIONERS

(OVER.)

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schumann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married (Male)

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany, about 27 years

Duration of Residence in the City of Baltimore, Since Came to Country

Place of Death, {Give street and number} 14 Penn Lane, near E. Fayette

Cause of Death, First, (Primary.) Phthisis Pulmonalis, [redacted]

Second, (Immediate,) Adynamia

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, July 3rd 1891

Undertaker, Henry Hoch

Place of Business, 32 Penn

John H. Cowan M. D.
Medical Attendant.

Address, 283 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No: 49044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kilchinstein

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 Yrs

Place of Death, { Give street and number } 294 Central Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 4 '81

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 257 Maryland Ave

H. Grimes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. SUDLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

No. 4

Board of Health, City of Baltimore,

Permit No. 49045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

Date of Death, July 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Carmichael

Sex, Male or Female, {cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 S. E. Cor. Clarendon Ave & Fulton.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park R

Date of Burial, July 3. 1881

Undertaker, J. B. Blackistone

Place of Business, City L. 22

Wm. Quinn M. D.
Medical Attendant.

Address, 608 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 490146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1901.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Thomas

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton Maryland - Native

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 221 Madison Ave.

Cause of Death, First, (Primary.) Concussion of Brain

Second, (Immediate.) Concussion of Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, July 3rd 01

Undertaker, C H Blizzard

Place of Business,

Julian J Wood *M.D.,*

Medical Attendant.

Address, 315 Linden Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 2 3 1881 BALTIMORE.

Permit No. 49047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael F Boyle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 108 Preston St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, All Cathedral Cemetery

Date of Burial, July 31 1881

Undertaker, Wm J Semmes

Place of Business, 211 N Eutaw St

D. Streett M. D.
Medical Attendant.

Address, 1432 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 49048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE.

Date of Death, July 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Berney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 60. York St

Cause of Death, { First, (Primary.) / Second, (Immediate.) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem. | Richard Corbett *M.D.,*

Date of Burial, July 4th 1881 | Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St | *Address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 149049 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Sellmayer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} S. E. cor. Wolf & Fayette Sts.

Cause of Death First, (Primary,) Cancer Uteri

Second, (Immediate,)

Duration of last Sickness, 8 Months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 3 d '81

Undertaker, M. Francy

Place of Business, 280 Canton Av

J. H. Leollenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba[illegible]

Permit No. 49050

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keyser

Sex, Male ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 3 *Months,* 25 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~, ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 267 Durham st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3 1881

Undertaker, W. France

Place of Business, 280 Canton Ave

Thomas B. Evans, M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 49057 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s... if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 4 1881

CERTIFICATE OF DEATH.

Date of Death, July 2/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Flanner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 3 Yrs. ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 7 Lancaster St

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 3rd 1881

Undertaker, Jno E Flanner

Place ~~of Business~~, Parent

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 49052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s... if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Wieder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 164 S. Greene St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 81

Undertaker, G. H. Perkins & Co

Place of Business, 130 Henrietta

W. S. Booth M.D.,
Medical Attendant.

Address, 207 Stark St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of B[illegible]

Permit No. 49053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Johnson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 27 W. Baltimore St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 3d, 1881

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St.

J. H. Houck M.D.,
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba

Permit No. 490574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ehrlich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 2 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 S Athenia Pl

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, ~~12~~ 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 4

Undertaker, P. Hurle

Place of Business, 82 West St

Geo. Ellis M.D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 49053 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdeline Ruck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 273 William St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, July 3.

Undertaker, B. Hartz

Place of Business, 62 West St.

D. C. A. Cooke M.D.,
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of B...

Permit No. 49056

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUL 4 1881

Date of Death, July 2nd 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian P. Karn,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 2 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 221 Battery Ave.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) -

Duration of Last Sickness, 4 days 6

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cr.

Date of Burial, July 4th 81

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Av

R. L. N. Tull M.D.,
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 49057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Kern

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~7~~ 4 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6 Webster

Cause of Death, First, (Primary,) cholera infantum

Second, (Immediate,) convulsions

Duration of last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 4th

Undertaker, B. Hall

Place of Business, 42 West St

H. Tibbies M. D.
Medical Attendant.

Address, 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 49058 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ~~out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Jefries

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 m

Place of Death, {Give street and number.} Druid Hill Ave & Townsend sts

Cause of Death, First (Primary,) Measles

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 3d 1881

Undertaker, Wm Weaver

Place of Business, No 212 N. Eutaw St

J. H. Lane M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 49055

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 4 1881

CERTIFICATE OF DEATH.

Date of Death, July 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles L. Hays

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 16 Henry St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laudam Park

Date of Burial, July 2d 1881

Undertaker, Dennis & Armstrong

Place of Business, Montgomery & Eutaw

Geo. Page M.D.,

Medical Attendant.

Address, 116 Henry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 49060

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ringland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 d *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 16 Months, last time

Place of Death, {Give street and number.} 89 Columbia Ave

Cause of Death, First, (Primary.) Chronic Rheumatism

Second, (Immediate.) Paralysis

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 4th 1881

Undertaker, John Thacher

Place of Business, No 150 Saratoga St

Elias C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 4906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended a... person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other pers... superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2d 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 164 S. Howard St.

Cause of Death, First, (Primary,) Cholera infantum.

Second, (Immediate,) Meningitis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1885

Undertaker, Hercules Bass

Place of Business, 95 Conway

L. D. Loy M. D.

Medical Attendant.

Address, 146 E. Hill St.

L. D. LOYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49062 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Shuell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 85 Wilhelm

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 3d

Undertaker, J. Kimmey

Place of Business, 317 Mulberry

Jno. C. Holliday M. D.,
Medical Attendant.

Address, Carroll P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 49063

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... if requested so to do, ~~under penalty~~ of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Barn...

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 117 Harford Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Membranous Croup

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 2nd 1881

Undertaker, A. C. Winterfield

Place of Business 97 Freemont *Address,* Calvert & Fayette Sts

Jn. Burke Boyle M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49064 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1921 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabriel Rubenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 88 Eastern Ave.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

Undertaker, Michael Funk

Place of Business, 35 Bank

Jas. A. Stucky M.D.,
~~Medical Attendant.~~

Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Taylor, S. S.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 49068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Lemmy

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} No. 19 S. Wolfe St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, July 21 1881

J. B. Bruce M. D.
Medical Attendant.

Undertaker, M. Egan

Place of Business, 380 Canton Ave

Address, 365 N. Chester St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Permit No. 49066 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Gill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 73 Parish Street

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4th of July

Undertaker, P. L. Emmert

Place of Business, 317 Hulburt Ave

Thos. G. Holliday M. D.,
Medical Attendant.

Address, Carroll P.O. Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 45067

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenore Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 346 William St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 4th 1881

Undertaker, Armstrong & Dunn

Place of Business, 263 Light St *Address,* 30 Warren Av

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49068

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
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1881
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under ~~penalty of~~ law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie McLean

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 *Years,* 9 *Months,* — *Days.*

Color, wht.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 153 Madison ave

Cause of Death, First, (Primary.) cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 4th 1881

Undertaker, Andrews & Hodges

Place of Business, 416 Druid Hill Ave

G Lane Tanyhill M.D.,
Medical Attendant.

Address, 129 W Fed Hill

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE MD.

Permit No. 45065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out, to the Undertaker* or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hank Mills Coale Hall

Sex, Male ~~*or Female*~~, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 16 Greenmount Ave

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 4th 1881

Undertaker, E A Carman

Place of Business, 38 Enzor A

Silas N. Kunder M. D.
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balt...

Permit No. 45070

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie C. Alexander

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 284 N. Amity Street

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 4th 1881

Undertaker, John Thacher

Place of Business, No 150 Camden

Augustus M. Dodge, M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

~~Permit No.~~ 45071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Daisie Phelan

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } N W Cor Mount & Lexington

Cause of Death, First, (Primary,) Bronchial Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Total 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 4th July 1881

A. K. Slater M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 243 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 45072

Office of Registrar of Vital Statistics.

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BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leidhorst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Six (6) *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two (2) months

Place of Death, {Give street and number.} 88 S. Canal St

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three - days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, July 4th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

S W Gilbert M.D.,
Medical Attendant.

Address, 174 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lash

Sex, Male or Female, {cross out the word not required in this line.} Femal

Age, 36 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 102 Low Shelf

Cause of Death { First, (Primary,) Dysentia pan chiedes
Second, (Immediate,) Exhaustion

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, July 4th 1881

Undertaker, Wm Eiler

Place of Business, 101 Gough St

Whidenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45074

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Tillman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow, Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 67 S Dallas

Cause of Death, First, (Primary.) Malatic Abscess

Second, (Immediate.) ~~aft 4 weeks~~

Duration of Last Sickness, aft 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 4 - 1881

Undertaker, Charles A White

Place of Business, 108 Orleans

Geo. L. Emerson M.D.,
Medical Attendant.

Address, ~~73 E Pratt St~~ East Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 45075 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis Linderman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty *Years,* Ten *Months,* Nine *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Seam-Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 2 Beaufort St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness, About Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5th

Undertaker, Ulrich Schmidt

Place of Business, 263 E Eager St.

D L Rice M.D.,

Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hazelhoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 hrs *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 118 S. Canal St.

Cause of Death, First, (Primary.) Cyanosis. congenital

Second, (Immediate.)

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 4th 1881

Undertaker, Henry Landon

Place of Business, 25 Fountain

R. O. Mansfield *M.D.,*

Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt...

Permit No. 49077

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Mel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 1 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 480 Canton Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 4th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

H. Gale *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas J Furnes

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ____ *Years,* 6 *Months,* 2 Weeks *~~Days~~.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 148 Fairmount av

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) ____

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 4th 1881

Undertaker, Benny V Mitchell

Place of Business, 658 Broadway

E. N. Broaddus M. D.
Medical Attendant.

Address, 62 Fairmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Olivia Bowers

~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} No. 6 Booth Street

Cause of Death, First (Primary,) Tuberculer Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 1881

Undertaker, J W Chase

Place of Business, 98 Howard

J H Mason M.D.
Medical Attendant.

Address, No 16 N Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 1861

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Benjamin Hays

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 276 Montgomery St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} the

Cause of Death { First, (Primary,) hydrocephalus chron
Second, (Immediate,) eclampsia
about 4 mths

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 1861

Undertaker, S W Chase

Place of Business, 128 Howard St

Hobbes M. D.
Medical Attendant.

Address, 95 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 49081

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL... BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia A. J. Berge

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 3 years

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 31 Hillen St

Cause of Death, First, (Primary.) Puerperal Fever Septicemia

Second, (Immediate) Collapsed Diarrhea - Exhaustion

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th

Sunderland M.D.,

Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 47 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Harrison

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 95 Battery Ave

Cause of Death First, (Primary,) Gastro enteritis

Second, (Immediate,) & (Gastro enteritis)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester County

Date of Burial, July 5th

Robert S. Rowe, M. D.
Medical Attendant.

Undertaker, B. Hale

Place of Business, No. 82 West st. *Address,* 322 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

22559 Smith

Board of Health, City of Balt...

Permit No. 49083

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

ALTH DEPARTME... JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kantan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 466 E Monument

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 4 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St. *Address,* Broadway

W. L. Rennert M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 49084

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Mc...

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 31 S Howard

Cause of Death, First, (Primary.) Congestion of brain

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Harmal

Date of Burial, 5th of July

Undertaker, Fred Gaither

Place of Business, 29 Baltimore St

Geo Chapman M.D.,
Medical Attendant.

Address, 216 E Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45085

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do~~, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Prof. Christopher Stickel

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, — *Years,* 21 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 S. Stricker St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5

Undertaker, Joseph B Cook

Place of Business, 707 W Pt Baltimore

W F Kraft M.D.
Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49086

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... 1881

Undertaker, ...

Place of Business, ... *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the ~~burial, within~~ *twenty-four hours* after the death of said deceased, or sooner, ~~if requested so to do, under~~ penalty of law.

HEALTH DEPARTMENT
DEC 3
1881
BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Chesnut alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, One week but seen only once by me

All the above Information should be furnished by the Physician.

Place of Burial, Loudon St Cemetery

Date of Burial, July 27 1881

Sam'l H. Anderson M. D.
Medical Attendant.

Undertaker, William St Unger

Place of Business, ~~41 E Stockton Alley~~ 63 E Lee

Address Franklin & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 49088

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Manus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 28 Harford Ave.

Cause of Death, First, (Primary.)

Second, (Immediate.) Infirmity

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 5th 1881

Undertaker, Hy W. Mears

Place of Business, 46 N. Gay St

Wm. Brooke Boyle **M.D.,**
Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Brunberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Two *Months,* Eighteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 10 Burrough St.

Cause of Death { First, (Primary,) Cholera infantum
Second, (Immediate,) Asthenia

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 4th 1881

Undertaker, C. F. Krause

Place of Business, ...

Wm Goode M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45,090

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Popp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Son

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 yrs —

Place of Death, {Give street and number.} 100 S. Duncan alley

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.) Septicaemiae

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cem

Date of Burial, July 5th 1881

R. W. Mansfield *M.D.,*
Medical Attendant.

Undertaker, Casper Eckhardt

Place of Business, 269 Canton ave *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45091

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Mulvey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt- City-

Duration of Residence in the City of Baltimore, 3 mo- 14 days-

Place of Death, {Give street and number.} 186 Hamburg - St-

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 5th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Chas. Beck M.D.,

~~Medical Attendant.~~

Coroner & Disp

Address, 161 & Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~whether called out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if so ~~called~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 31, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter C. Pearce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~1~~ *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Pearce St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 4th 1881

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St *Address,*

Geo. [illegible] *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49.093

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUL 25 1887 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out,~~ to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty~~ of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles N Leland

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 1/2 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 4 WEEKS

Place of Death, { Give street and number. } University Hospital

Cause of Death, First, (Primary.) Abscess of Each Thigh

Second, (Immediate.) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co Va

Date of Burial, July 5th

F. West M.D.,

Medical Attendant.

Undertaker, F. N. Ford

Place of Business, 13 Hanover St *Address,* University Hospital

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No: 49054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~personally~~, and ~~at~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Augustus Beaty Brook

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Caucasian

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 108 N. Carrollton Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harlem Park Cem.

Date of Burial, July 9th 1901

Undertaker, S. A. Lynn

Place of Business, 554 Gay St

Summit Ayres M. D.
Medical Attendant.

Address, 761 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. BRYANT & CO., CITY PRINTERS AND STATIONERS.

2241

[OVER.]

Permit No. 49095

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2 — 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A Martin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty-three *Years,* One *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life -

Place of Death, { Give street and number. } 34 Barre St -

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer - (Uteri)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5

Undertaker, C W Blizard

Place of Business, 201 Lanvale *Address,* 89 Mulberry St

D E Green *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. M. Sydnor

Sex, Male or Female, { cross out the word not required in this line. }

Age, 41 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, R. R. Baggage agt

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 121 N. Eutaw St

Cause of Death { First, (Primary,) Cancer of the Stomach
Second, (Immediate,) Asthenia

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5 - 1881

Undertaker, C. H. Blizzard

Place of Business, 241 Eutaw *Address,* 215 N. Carey

Jno. D. Kier *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 49.057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Handy

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 86 *Years,* *~~Months~~,* *~~Days~~.*

Color, Colard

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Mon

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince Ann Somerset Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number. } No 25 Druid Hill Ave

Cause of Death, First, (Primary.) old Age

Second, (Immediate.) Phlebitis

Duration of Last Sickness, one Days & Half

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Grave Yard

Date of Burial, July 4th 1881

Undertaker, Wm D Mearier

Place of Business, No 202 N Eutaw St

W Buck *M.D.,*
Medical Attendant.

Address, No 36 Davis

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45.058

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Cook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, B

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 161 Penna Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) phthesis pulmonalis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Stony Run Balto

Date of Burial, July 4th 1881

Undertaker, J W Glenn

Place of Business, Saratoga St *Address,* 57 N. Paca St

J. Clarke *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

mit No. 47177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1891 BALTIMORE

CERTIFICATE OF DEATH.

e of Death, July 3rd 1891.

l Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Larsen

, Male or Female, {Cross out the word not required in this line.}

Twenty Years, Months, Days.

r, White

rried, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

upation, Labourer

hplace, {State or Country and how long in the United States, if of foreign birth.} Norway

ation of Residence in the City of Baltimore, Four weeks

e of Death, {Give street and number.} City Hospital

e of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) Asthenia.

ation of Last Sickness, Four weeks

the above information should be furnished by the Physician.

e of Burial, E. B. Oak Grove

of Burial, July 4th 1891

ndertaker, Otto Muller

ace of Business,

H. J. Lacer M.D.

Medical Attendant.

Address, City Hospital

from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

CTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 49,100

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last illness is responsible for~~ the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Freeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jefferson st Prct 3

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1881

Undertaker, A Wagner

Place of Business, Pratt-st

E. C. Baldwin *M.D.,*
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45101

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Cooke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 61 Hull st.

Cause of Death, First, (Primary.) ~~Diarrhea~~ ~~Enteritis~~ Paralysis

Second, (Immediate.) ~~Diarrhea~~ Diarrhoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's County

Date of Burial, July 4th 1881

Undertaker, H J Andrus

Place of Business, 252 Eastern Ave

James A Steuart M.D.,

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Taylor, S. D.

Board of Health, City of Baltimore.

Permit No. 49102 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 5 1881

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elenora Palmer

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Mullikin's M. near 12th & Dallas

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Comet

Date of Burial, July 4th 1881

{ Undertaker, Wm J. Locke

{ Place of Business, X 73 Jefferson st *Address,* Broadway

F. C. Kunce *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 5 1881

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gracie Ann [illegible]

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation, ~~[illegible]~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 554 S. Dallas St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, July 4th 1881

Undertaker, Thos J Locke

Place of Business, 473 Jefferson St

D D Guy M.D.,
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE 1881 CITY

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Cuba St. Locust Point

Cause of Death, First, (Primary.) Measles —

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 4th 1881

Undertaker, Wm F Ney & Bro

Place of Business, Jay St & Broadway

~~Medical Attendant~~ Coroner 3d Dist.

M.D.,

Address, 161 E. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49105

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Jenkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eighty-one *Years,* Eight- *Months,* Three *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hampshire England

Duration of Residence in the City of Baltimore, About Eighty Years

Place of Death, {Give street and number.} 145 N. Eighty St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) General Debility

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1881

Undertaker, Jno H. Weaver & Co

Place of Business, 422 W Fayette St

D. L. Rider M.D.,
Medical Attendant.

Address, 82 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49106

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Lankenglonch

~~Sex,~~ *Male or Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 29 Parkin Pl

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Collapse

Duration of Last Sickness, 1 Month & 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 5- 1881

Undertaker, Joseph B Cook

Place of Business, 707 W Balt. St

A. M. Cothran M.D.,
Medical Attendant.

Address, 343 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49107

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ackerman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 188 S. Durham St.

Cause of Death, First, (Primary.) Enteric fever

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bloomingdale Cemetery

Date of Burial, the 5th of July

Undertaker, L. Kummer & Co.

Place of Business, 311 Mulberry St.

F. Stallman M.D.,
Medical Attendant.

Address, 240 S. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelly O'Brian Purcell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 3 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} 15 N Charles St

Cause of Death First, (Primary,) Severe cold Pneumonia

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 31st 1881

Undertaker, A. W. Jenkins & Son

Place of Business, 75 N. Charles St

W. Hammond M. D.
Medical Attendant,

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Darnell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 36 E. Eager St

Cause of Death, First, (Primary.) Diph Heritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Bally Cemetery

Date of Burial, July 5- 1881

Undertaker, Wm H Hackman

Place of Business, N. Gay St

S. Wheeler M.D.,

Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49160

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL C BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Male *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 157 York

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) & Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5

Undertaker, Hercules Koss

Place of Business, 95 Conway St

W. S. Booze *M.D.,*

Medical Attendant.

Address, 206 Stark St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49114

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1889 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 3d 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Nolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty Five *Years,* Two *Months,* Fourteen *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} No 88 Stirling St near Madison

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Intestinal Perforation

Duration of Last Sickness, One Months & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th

Undertaker, Charles A. White

Place of Business, 108. Druid Hill Ave

Address, 133

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49112

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Bollart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* — *Months,* Nine (9) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 318 N Durham St

Cause of Death, First, (Primary.) Tetanus Traumatica

Second, (Immediate.) Eclampsia

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comty

Date of Burial, July 5, 1881

Undertaker, Henry Koenk

Place of Business, 309 Central ave *Address,* 317 N Gay St

Surgeon M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 24913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm A. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Twenty five *Years,* ..... *Months,* ..... *Days.*

Color, ... *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Salesman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Since last December

Place of Death, { Give street and number. } 165 George st

Cause of Death, { First (Primary,) ..... Second (Immediate,) Heart Disease

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Hofmans wharf

Date of Burial, July 3

{ *Undertaker,* Sam'l St. Andrew M. D.
{ *Place of Business,* 201 Aisquith *Address* ..... Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 4911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Beckett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Engineer B & O R R Co

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 264 Barre St

Cause of Death First, (Primary,) Injuries to head, face & body generally

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nearly 2 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 5th 1881

Jos. E. Cloutt *M. D.*
Medical Attendant.

Undertaker, John Meacher

Place of Business, No 150 London *Address,* 364 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Consulting Physicians D. J. Smith & C Johns

Board of Health, City of Baltimore,

Permit No. 49115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 02 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Doll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dispatcher of Trains B & O R R Co

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number} 127 S. Paca St

Cause of Death First, (Primary,) Atheromatous degeneration of Arteries

Second, (Immediate,) Gradual Exhaustion

Duration of last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 5th 1881

John Neff *M. D.*
Medical Attendant.

Undertaker, Wm Mugler

Place of Business, No 150 Camden St *Address,* 202 Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49116

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 / 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Jordan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 83 Division St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 6th 1881

Undertaker, Robt T. Scriven

Place of Business, 271 N Eutaw St

J. H. Keller *M.D.,*

Medical Attendant.

Address, 83 N Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19117

~~The Physician who attended any~~ person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverda Ridgely

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} No 23 Hanover st

Cause of Death, First (Primary,) Trismus

Second (Immediate,) Nascentium

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 5

Undertaker, Hercules Ross

Place of Business, 95 Donnay St

Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within *twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William L. Brooks

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 62 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 125 S. Ann St.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 7th 1881

E. L. Lyons M. D.
Medical Attendant.

Undertaker, Denny & Butchart

Place of Business, 65 S. Broadway *Address,* 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie E. Higgins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 Wks. *Months,* 5 *Days.*

Color, W White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 422 E Fayette St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 Weeks or More

All the above information should be furnished by the Physician.

Place of Burial, W. E. Cem. P. Road

Date of Burial, July 5th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

James E. Donnelly M.D.,
Medical Attendant.

Address, 296 E Balto. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kearney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* three *Months,* fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 114 Burgundy A.C. Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 Burgundy A.C.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 5th 1887

C. O. McCormick M.D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address* 454 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49121

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schad

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 15 h. Eutaw

Cause of Death, First, (Primary.) old age / Marasmus

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 5th

Undertaker, W Duffel

Place of Business, 151 Bond st

J Slattery M.D.,
Medical Attendant.

Address, 9 E Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49122

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Seary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S Caroline St 176

Cause of Death, First, (Primary.) Tetanus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Ursulas Cem.

Date of Burial, July 4th

Undertaker, W. Dipfel

Place of Business, S. Bond st. 151

John A Smith M.D.,
Medical Attendant.

Address, 176 S Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49123

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Justkofska

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 3 1/2 months.

Place of Death, { Give street and number. } # 206 Canton Av.

Cause of Death, First, (Primary.) Internal Convulsions

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 4th

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehlaender M.D.,
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie W. Bull

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 30 East Eager

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 East Eager St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5th 1881.

G. H. Sues M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen L. Hinckley

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ——— *Years,* Four *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 172 Light St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Oedema Cerebri

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, July 5th.

Undertaker, D. F. Hall

Place of Business, 131 Hanover St. *Address,* 170 S. Sharp St.

Wm. Gambrel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49126 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian D. Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 463 Eighth St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th

Theodore Cook *M.D.,*
Medical Attendant.

Undertaker, D. F. Toll

Place of Business, 131 Hanover St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Grandison

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years~~, ~~Months~~, 5 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 69 Vine Street

Cause of Death, { First, (Primary) Spasmus Nascentium.
Second, (Immediate,)

Duration of last Sickness, ~~4 days~~ One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1881

Undertaker, N. W. Chase

Place of Business, 198 S. Howard St

Geo. G. Brewer M. D.
Medical Attendant.

Address, 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49128

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Glauber

Sex, Male or ~~Female~~; { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } (113) # 403 Hill St

Cause of Death, First, (Primary) Teething & Dysentery

Second, (Immediate) Convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 6

Undertaker, Ernst Shloman

Place of Business, 200 Sharp Street

Ernst Bell M.D.,
Medical Attendant.

Address, 161 So Stiles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Getzendanner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 26 *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}, Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 462 Lex. Street

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, July 6th 1881

Chas. H. Heft M. D.
Medical Attendant.

Undertaker, Of - James A. Tucker

Place of Business, 4319 N. Carey *Address,* 306 W. Gayetty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49130 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 0 *Months,* 16 *Days*

Color, Black,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, None,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 1 E. Wash'ton St.

Cause of Death, First (Primary,) Cholera Infantum, (Gastro Enteritis)

Second (Immediate,) Cerebral Congestion.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 5 1891

Undertaker, Thos. Ashcraft & Sons

Place of Business, 116 Orchard St

John J. Hall M.D.
Medical Attendant.

Address, 173 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49131

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Chaney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~None~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 15 Jackson st

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, All C[illegible]

Date of Burial, July 6, 81.

Undertaker, J. L. Rosnick

Place of Business, 97 Orleans, *Address,* 2 W Broadway

D W Cathell *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, Light

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Gettysburg, Pa

Duration of Residence in the City of Baltimore, 5½ months

Place of Death, {Give street and number.} 37 St Paul

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 5

{*Undertaker,* Patrick Mullin

Place of Business,

J. J. Ware C M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Date of Death, July 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm L Hamilton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number. } Davis St 28

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Supt & Undertaker M. D.

Date of Burial, July 6 Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore *Address* Jas H Bunting

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 49134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 E 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Herbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty *Years,* —— *Months,* —— *Days.*

Color, Dan-K

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 37 St Paul

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, July 5

Undertaker, Patrick Mullin

Place of Business,

T. J. Ward M.D.,
Medical Attendant.

Address, 147 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49135

Office of Registrar of Vital Statistics.

The Physician who attended any person in [illegible] illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superinten[illegible] the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 5 C 1901 BALTIMORE

Date of Death, July 3 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 21 *Days.*

Color, Light

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) This child was Scrof

Second, (Immediate.) Sores and a 7 months child

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, July 5

Undertaker, Patrick Mullin

Place of Business,

J. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49136

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Light

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Change of food

Second, (Immediate.) Enteric Colitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, July 5

Undertaker, Patrick Mullin

Place of Business,

T. J. Wood M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49137

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Trimmel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 22 N. Lombard

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Frank A. G. Moyer M.D.,
Medical Attendant.

Address, 75 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49138

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Long

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 99 Albemarle St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Spasm

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 6th 1881

Undertaker, Henry W. Mears

Place of Business, 345 W. Gay St *Address,* 17 S. Broadway

Jno. L. Lynch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 49139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos H. Stevenson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 299 W. Lombard St.

Cause of Death, First, (Primary,) Laryngeal Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 6th 1881

Chas F. Michael M. D.
Medical Attendant.

Undertaker, Henry H. Inloes

Place of Business, 45 N. Gay St *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Estelle Criss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 343 Pennsylvania Avenue

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.) Collapse

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5th 1881

Undertaker, Robt J. Scruton

Place of Business, 271 W. Eutaw

Manbury Brown M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49141

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 C 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 4. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Baxter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, wht

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, stone cutter -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number. } 45 Preston St

Cause of Death, First, (Primary.) -

Second, (Immediate.) apoplexy

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 6th 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M.D.,
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49142

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is ~~responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 S. Howard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, all its Life delicate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 6th 1881

Undertaker, H. Ross

Place of Business, Conway St

Thos. A. Steen M.D.,
~~Medical Attendant.~~
Comm of Health
Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Dr. V. Fitzpatrick

Permit No. 49143. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 3-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha J. Carter (Jane)

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } * 87 Hanover Lane

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec, 5-1881

Undertaker, Peter Kummer

Place of Business,

Thos A Clemens M.D.,

[redacted]

Commissioner of Health

Address, 9th Register Clerk

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Eg 4 Jno E. Tunderey

Permit No. 49144

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 C 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Carter - (Twin)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } * 87 Harmony Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Gastritis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lane's Cem

Date of Burial, July 5 - 1881

Undertaker, Peter Kunnel

Place of Business,

[redacted] M.D.,

Commissioner of Health and Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by John E. Fanning

Permit No. 49145

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JUL 5
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Fadum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 0 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Conway St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Druidhill, Evg'l Luthrin

Date of Burial, July 5th 1881

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

R. J. H. Tall M.D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or ~~Coroner, if requested~~ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

Date of Death, July 4th 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Keen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Dallas St

Cause of Death First, (Primary.) Bright's Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 6 July 1881

James Bacon M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 46 N Gay St

Address Cor Argyle Ave & Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 6 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolf Venege

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} 76 Albemarle

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, July 6th 81

Undertaker, W. Osterling

Place of Business, Town of Albemarle

A. Trego Shorter M.D.,
Per. Frank Meyer M.D.
Medical Attendant.

Address, 11 S High

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49148.

Office of Registrar of Vital Statistics.

~~The Physician who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Higgins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 6 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 13 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Spasm

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 5 1881

Undertaker, Dr Brannigan

Place of Business, 152 Division St.

Mahlon Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49149

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last ~~illness is responsible~~ for the presentation of this Certificate, *accurately filled out, to the* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ½ *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} East City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 5 1881

Undertaker, J. Brannigan

Place of Business, 156 Division St.

Marburn Brewer M.D.,
Medical Attendant.

Address, 68 Mc Culloh St.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49150

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora Knight

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 206 William St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5th 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light

Thomas Cook M.D.,
Medical Attendant.

Address, 446 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49151

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

Date of Death, July 5th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 5 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 65 Wakondt

Cause of Death, First, (Primary.) Lentretion

Second, (Immediate.)

Duration of Last Sickness, aft 4 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th

Undertaker, Charles Whyte

Place of Business, 188 Orleans st

Geo L Simmons M.D.,
Medical Attendant.

Address, East Balt.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis L. Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* & *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 86 Stirling St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery.

Date of Burial, July 6th 1891

{ *Undertaker,* Charles White

{ *Place of Business,* Granby St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 49153

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Date of Death, July 4th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Held

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 4 Bruce

Cause of Death, First, (Primary.) Cholera Infantil.

Second, (Immediate.)

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 6 1881

Louis Ed Horn *M.D.,*

Medical Attendant.

Undertaker, P Kenmuir

Place of Business, 317 Mulberry St *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49154

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Goetz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 Eastern Ave

Cause of Death, First, (Primary.) Chol Infantum

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 5th 1881

Undertaker, Aug Koehler

Place of Business, E. Lombard St

Henry A Steward M.D.,

Medical Attendant

Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Exam by Geo E. Taylor S. Dept

Board of Health, City of Baltimore,

Permit No. 49155

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Loeblein

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Dressmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 27 years in Balto

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 26 Neighbor St

Cause of Death, First, (Primary.) Pistol - shot thro brain

Second, (Immediate.) Dying to brain

Duration of Last Sickness, 11 minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 6th

Edward R Walker M.D.,
~~Medical Attendant.~~

{*Undertaker,* H. C. Wiedefeld
{*Place of Business,* 90 Greenmount Ave *Address,* Coroner M O D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49156

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Washington Road

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 4/81

Undertaker, Fred C Keckner

Place of Business, 50 Hamilton Ave. *Address,* 161 So Stricker St

D. H. Bell M.D.,

Medical Attendant.

Coroner's Dist

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hubler

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* 6 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 112 S. Chapel

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery Balto. Co.

Date of Burial, July 6th 81

Undertaker, W. M. France

Place of Business, 280 Canton Ave. *Address,* 245 S. Mulberry

F. Mathieu *M.D.,*
Medical Attendant.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 5 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Ay. Garrett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 8 Williams St.

Cause of Death, First, (Primary.) Diphtheria – Diphtheritic Croup.

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, July 6th

Undertaker, W. Clarke & Son

Place of Business, 64 E. Baltimore *Address,* 774 E. Broadway

G. L. Wilkins M.D.,
Medical Attendant.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49189

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thurman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Anthony el

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Heart-disease

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7th day of July

Undertaker, Mich. Ballot

Place of Business, Stemmers Run Balt. Co. *Address,*

M B Bilbrihea M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49160

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Leidhorst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Six (6) *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number.} S. E. Canal Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Typepia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 6th 1881

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

E. Wesloan M.D.,
Medical Attendant.

Address, 474 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49161

Office of ~~Registrar of~~ Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Goetz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 35 *Days.*

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 30 Albemarle St

Cause of Death, First, (Primary.) Twin child very weak

Second, (Immediate.) Erysipelas

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, July 6th 1881

Date of Burial, Mount Carmel Cemty

Undertaker, Chas. H. Bartlett

Place of Business, 62 ½ W. Balt St Address, 36½ S. Broadway

W. W. Watts M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49162

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial ~~Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} left

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 11 Russell St

Cause of Death, First, (Primary.) Bowels

Second, (Immediate.) Inflammation

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 6th 1881

Undertaker, Timothy Deery

Place of Business, 263 Light St

Geo. D. Blake M.D.,
Medical Attendant.

Address, 116 S. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Permit No. 49163

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1891 BALTIMORE

Date of Death, July 3rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. J. Boley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} * 18 Edward St

Cause of Death, First, (Primary.) Cerebral Congestion Acute

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 4th 91

Sam'l J Belt M.D.,
Medical Attendant.

Undertaker, Charles A. White

Place of Business, 108 Orleans St *Address,* 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49164

Office of Registrar of Vital Statistics.

The ~~Physician~~ who attended any person in a last illness is responsible for the presentation of this ~~Certificate, accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Five (5) *Months,* Four (4) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 58 N. Canal St

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.) Diphtheritic Paralysis

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews german Lutheran burial ground

Date of Burial, July 7th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

A. Schloss M.D.,
Medical Attendant.

Address, 474 N. Gay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49165

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT JUN 6 1891 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 5th 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. Hooper Joseph M. Hooper

Sex, Male ~~Female~~, {cross out the word not required in this line.} Sta Twins 7 Months Premature one Male & one Female (Twins)

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Steuben St No 4 South of Pratt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 4 Steuben St

Cause of Death, First, (Primary.) Premature Birth 7 months

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 6th 1891

Undertaker, Sturm & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

G. W. Ames M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49166

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. & Ann A. Hooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} (Twin) } Parents

Age, ~~Years,~~ ~~Months,~~ One Day.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Strieker St. Extended

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 6th 1881

Undertaker, Andrew H. Hodges

Place of Business, Druid Hill

J. Thurston Thomas M.D.,
Medical Attendant
Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Balti[more]

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the [duty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu[rnish] within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth [so far] as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Copy

[OVER.]

Permit No. 4916 7

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathilda Bathke

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 8 *Months,* ..... 2 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

~~Duration of~~ Residence in the City of Baltimore,

Place of Death, { Give street and number. } 109 E. Pratt

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 6 - 1881

Undertaker, Adam Funk

Place of Business, Gay St

J Thatcher M.D.,
Medical Attendant.

Address, 241 S Paca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Susenthal

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} Gough Street 78.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6. 1881

William Howard M. D.
Medical Attendant.

Undertaker, H. A Darger

Place of Business, 74 S. Broadway *Address,* S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 49169

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out,* to the Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Berry.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 5/12 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 263 Alice Anna St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, July 6th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. W. Chambers M.D.,
Medical Attendant.

Address, 208 N Bond St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49170

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Tomlson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 20 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} D. C. V

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 155 12th Ave.

Cause of Death, First, (Primary.) ~~Scarlatina~~ Albuminuria

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 6th "

Undertaker, B. F. Hoke

Place of Business, No. 82 West street *Address,* 315 Do

[illegible] M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49171 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 S. 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Rosetta Brockmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Col'd *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 5. Bolton Alley

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 24 ½ Pierce st

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6. 1881

Undertaker, John C. Doran

Place of Business, 63 Park ave

James S. Fulton *M. D.*
Medical Attendant.

Address No 137 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Valentine

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* Ten *Months,* —— *Days.*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 106 Jasper St.

Duration of Residence in the City of Baltimore, Ten months

Place of Death, {Give street and number} 106 Jasper St.

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

☞ All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1881

Undertaker, Jas C. Jones

Place of Business, 1263 Pulaski

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49173

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murray,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N. W. cor. Hill & Lyon St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, July 6 1881

Undertaker, C. F. Kraus

Place of Business, ...

R. J. N. Tall, M.D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49174

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Melvin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 Twins ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 S. Poppleton St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, July 6th 1881

Undertaker, Jos B. Cooke

Place of Business, W. Balto St

James A Steuart M.D., Medical Attendant

Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Brown

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner, if requested~~ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Mudd.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* Five *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 330 N. Eden St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 330, N. Eden St.

Cause of Death First, (Primary,) Chickenpox / Varicella

Second, (Immediate,) Phlegmanous Erysipelas

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, July 6th

Silas Baldwin M. D.
Medical Attendant.

Undertaker, H.C. Weidefeld

Place of Business, 90 Greenmount Ave

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pansie Eclipse Hollins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} American

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Gastro-Intestinal Catarrh

Second, (Immediate,) ~

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6

L. F. Brown M. D.
Medical Attendant.

Undertaker, C. H. Bliggard

Place of Business, 207 [illegible] Ave. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Hutton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years~~, Eight (8) *Months,* ~~Days.~~

Color, Colour

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 216 E. Eager St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Pt. Lawn Cem

Date of Burial, July 7 1881

Undertaker, Henry Hoerle

Place of Business, 3 N. Eutaw

Steiner M.D.,
Medical Attendant.

Address, 454 E. Eager St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49178

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ursula Barrager

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Six (6) *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number.} 94 Lemmon St.

Cause of Death, First, (Primary.) Pneumonitis & Enteritis

Second, (Immediate.) Hydrocephalus

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6 '81

Undertaker, Henry Hoke

Place of Business, 849 W. Baltimore *Address,* 479 Fulton Ave

Wm. H. Stone M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49179

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~Coroner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cain

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} 27 S. Castle.

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate.) Meningitis

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 7th 1881

Undertaker, John Sapp

Place of Business, 161 Balto St

G. H. Lusk M.D.,

Medical Attendant.

Address, Balt & Paca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Nilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 90 Centre

Cause of Death { First, (Primary,) Gastro Enteritis
Second, (Immediate,) Asthenia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 7th 81

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

P. E. Chataud M. D.
Medical Attendant.

Address, 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49181

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 5, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

~~Birthplace~~, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 5 mos

Place of Death, {Give street and number.} 71 Harmony Lane

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 weeks & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 7, 1881

Undertaker, W. H. Chase

Place of Business, 198 Howard St *Address,* Balto Gen. Dispy

Wm B Canfield M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49182 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Donnelly

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland — 32 yrs in Am

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Cerebr. Conc. Tract R. Tibia

Second, (Immediate.) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E Pebble Cem

Date of Burial, July 6 1881

Undertaker, P. McCann

Place of Business, [redacted]

T J Lucas M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Patrick Hesson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Mc Elderry & Duncan Av

Cause of Death, First, (Primary.) Weakness

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 6th 1881

Millius A Taylor M.D.,
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Eutaw St *Address,* Broadway & Mc Elderry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat: Beete

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 48 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Hotel keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Mansell House Pratt St

Cause of Death, First (Primary,) Emphysema with dilatation of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 6 1881

Undertaker, James S Byrne

Place of Business, No 63 N Front St

J. Donaldson M.D.
Medical Attendant.

Address, 10 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49185

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma V. Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimo

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 209 Light St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6 1881

Augustus W Dodge, M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, cor. Montgomery & Light Sts *Address,* 207 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49186 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fuss

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 209 S. Bethel St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Graveyard

Date of Burial, July 7. 4 o'clock P.M.

Undertaker, John Brown

Place of Business, 224. S. Bethel St

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 4918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6-7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stillman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate.) Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 7 1881

Undertaker, D. Flannigan

Place of Business, 156 Division St

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49188

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Golden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 150 Clifford St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6th 1881

Undertaker, Jas. B. Cook

Place of Business, No 707 E Baltimore Street

Dr. O'Blenis *M.D.,*

Medical Attendant.

Address, 148 S. Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician ~~who attended any person in a last illness is~~ responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Hampton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 2 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~———~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 2 42 George St

Duration of Residence in the City of Baltimore, ~~———~~

Place of Death, {Give street and number} 242 George St

Cause of Death { First, (Primary,) Pneumonia Fever
, { Second, (Immediate,) Typhoid (Typhus)

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, July 7th 1881

Undertaker, Wm. H. Leas

Place of Business, 1207 E. Baltimore street

D. H. Craig M. D.
Medical Attendant,

Address, ~~———~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over

Board of Health, City of Baltimore.

Permit No. 49190 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 Hill St

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Inanition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Straps St Cemetery

Date of Burial, July 6th 1881

Undertaker, Jacob Davis

Place of Business, Lee St

Edwd H Harris M.D., Medical Attendant.

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 49197

Office of Registrar of Vital Statistics.

Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kiely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 8 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 316 S. Bond

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 7th 1881.

Undertaker, Leonhard Penn

Place of Business, S. Gay St. 1277. *Address,* 477 Aisquith

G. L. Willis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49192 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Mayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. W. R. Eastern Ave & Durham

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, July 7th 1881

Undertaker, Wendelin Lipfert

Place of Business, 151 S. Bond St

James F. McShane M.D.,
Medical Attendant.

Address, 1 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} No 11 Bolton alley

Cause of Death, First (Primary,) Ovarian tumour

Second (Immediate,) Dropsy

Duration of Last Sickness, Has been sick 7 or 8 years

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, July 6th 1881

Undertaker, Fred Kirchner

Place of Business, S. Carroll Ave

E Loverbey M.D.

~~Medical Attendant~~ saw her 4 or 5 times in the last year

Address 289 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 49194 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo. Edward Howell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 2 & 6 Eastern Ave

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 7th 1891

Undertaker, Edward Saunders

Place of Business, 252 Canton Ave, *Address,* 7 So. Broadway

G. L. Wilkins M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Stevens Warrington

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 147½ S Ryster

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 7th 1881

E J Way *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,* 198 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49196

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 7 1881 BALTIMORE

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Natalie Mundt Nonnekey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one day

Place of Death, {Give street and number.} B. & O. Pier Locust Pt

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, July 7th 1881

Undertaker, H. Sander

Place of Business, 252 Canton ave

Genn Busch M.D.

Address, S. S. Kaiser

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Copy

[OVER.]

Permit No. 49197

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Knoop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 436 Cross St

Cause of Death,
First, (Primary.) Scarlet Fever
Second, (Immediate.) " "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 7th 1881

Undertaker, Silas Koehler

Place of Business, Sharp & Cross

~~Medical Attendant.~~ Coroners Phy

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1.30. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Benedict Koeklein

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} O

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Corn. Wolf & Pratt

Duration of Residence in the City of Baltimore, a year

Place of Death, {Give street and number} Corn. Wolf & Pratt

Cause of Death First, (Primary,)

Second, (Immediate,) Marasmus infant

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 7th 92

Undertaker, M. Frana

Place of Business, 250 Canton Av

John D. Litter M. D.
Medical Attendant.

Address, 160 Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 7 BALTIMORE

Permit No. 49199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th. July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Holtzby Hoelzheit

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} N. Washington Av. 5

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 7th 81

William Henkel M. D.
Medical Attendant.

Undertaker, J. H. Franz

Place of Business, 280 Canton Ave

Address, S. Wolfe & Ll.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49200

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 E 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 6. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Hatkins.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nown.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 147 N Dallas St.

Cause of Death, First, (Primary.) Gastro-Enteritis,

Second, (Immediate.) Extanction.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1881

Undertaker, Wm H. Chase

Place of Business, 198 E Howard St *Address,* 208 N Broadway

J. W. Chambers *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49201 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinah Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 157 Hamilton st

Cause of Death, First, (Primary.)

Second, (Immediate.) Pthisis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 7 1881

Medical Attendant.

Undertaker, J W Chase

Place of Business, 198 Hanover st *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loyd W. Ruff

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Havre de Grace

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 296 Hamburg St.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Oedema of Lungs.

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 1881

Undertaker, J S & W Chase

Place of Business, 198 Howard St *Address,* 170 S. Sharp St

Wm Gumbel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49203

The Physician ~~who attended any person in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Watts

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* — *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 1 yr 10 dys

Place of Death, {Give street and number.} 25-8 Hughes St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) 2 weeks

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cemetery

Date of Burial, July 7

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

R. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49204

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 E 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard W Stafford

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 10 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 70 Fendall St

Cause of Death, First, (Primary.) Mucco-Enteritis

Second, (Immediate.) Cerebral Meningitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7

Undertaker, Hercules S. Ross

Place of Business, 19 Conway St

C. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

L. DUYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia B. Holliday

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Haddam Conn

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 88 McCulloh St-

Cause of Death, First (Primary,) .....

Second (Immediate,) ... Cancer ?

Duration of Last Sickness, 12 wks

All the above information should be furnished by the Physician.

Place of Burial, St. John's B. G. Waverly

Date of Burial, July 7th 1881

Undertaker, Thos. S. Hayes

Place of Business, 60 S. Balto St.

J. J. Mackenzie M. D.
Medical Attendant.

Address 67 Franklin Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49206 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Hardy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore 90 Green St

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number} 44 Mc Collick St

Cause of Death First, (Primary,) Eczema Measles Bronchial Catarh

Second, (Immediate,) B Catalepsy Diarhea

Duration of last Sickness, Ill one month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 7

Undertaker, C & R Blizard

Place of Business, 201 Penn

M Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49207

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw H Lorencalmpaw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 291 Ramsay st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Some disease of brain

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 7

James Bosley M.D.,
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Pratt *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49208 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 137 Boyd St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 7

Undertaker, J B Crook

Place of Business, 707 West Baltimore *Address,* 39 N. Carey St

Thos O'Brien M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible ~~for the presentation of this Certificate, correctly filled out,~~ to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or proper, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E Huffington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City - Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 50 N. Strieder St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto st.

J. Skelton Hill M.D.,
Medical Attendant.

Address, 432 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore.

Permit No. 49410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Louisa Neuhaus

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremen 25 years in U. S.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 9 Howard St. 114

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Paralysis of heart

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8

Undertaker, H. Breil

Place of Business, Fremont Ave & 81

A. J. Reinhardt M. D.
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49211

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th. July 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hubert Orth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5. *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 64 Church.

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.)

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th

Undertaker, Geo. Schilling

Place of Business, Cor. Lombard & Eutaw

C. Hoffman M.D.,
Medical Attendant.

Address, 57 Mosquito

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Permit No. 19212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Ludwig

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* 11 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 112 George St.

Cause of Death { First, (Primary,) Marasmus " , Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2nd days.

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury York Co. Pa

Date of Burial, July 7th 1881

Undertaker, Wm. Ottaway

Place of Business, No 202 N. Eutaw

W. R. Rogers M. D.
Medical Attendant.

Address, 119 Mt Vernon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2242 Transcript

Board of Health, City of Baltimore.

Permit No. 49213 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Silverstack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Baines

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, July 7th 1881

Undertaker, Adam Funk

Place of Business, 4 Eay St

James H Lewis M.D.,

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Jos. P. Smith

Board of Health, City of Baltimore.

Permit No. 49244 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 6 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Reid

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Student

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 93 S. Bond

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 8th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

Geo B Kemp M.D.,
Medical Attendant.

Address, N Eden bet Lombard & Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Charles Deutsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore and all his life

Duration of Residence in the City of Baltimore, 346 E. Fayette St

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) do

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centr

Date of Burial, July 8th 1881.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

H. Dohme, M.D.,
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49216 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JULY 7 1881 BALTIMORE

Date of Death, July 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Lecompte

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Utah

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 240 S. Monument

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1881

Undertaker, John Lake

Place of Business, 111 Gallow

J Statham M.D.,
Medical Attendant.

Address, 245 S. Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick D Rauch

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, 14 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 74 S Eutaw St

Cause of Death { First, (Primary,) Lockjaw

{ Second, (Immediate,) Convulsions

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 9th 1881

Undertaker, P. Kenney

Place of Business, Mulley & *Address,* 162 Hanover St

S Flowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 49218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta B. Sanders.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 16 *Days.*

Color, Colored *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrisburg Pa.

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 56 Vincent st

Cause of Death, First (Primary,) Measels

Second (Immediate.) Pneumonia

Duration of Last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St cemetery

Date of Burial, July 7 1881

Undertaker, William Norris

Place of Business, No 6 E Eutaw Street

J. R. Jordan M. D.
Medical Attendant.

Address 126 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

Permit No. 49219

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JULY 7 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. P. Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Gilbert St

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Dropsy

Duration of Last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1881

Undertaker, W. H. Dunge

Place of Business, East St

Thos A Clemens M.D.,
Medical Attendant.

Comm of Health
& Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo E. Brown

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Kuckenreiter

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 48 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} Cor Jefferson & Chapple Sts

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch.

Date of Burial, July 8 80

Jno C Bourgeois M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No 35 Bank St *Address,* N W cor Broadway & Wall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49221 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 47 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 24 S Poppleton St Balto

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 24 S Poppleton ST

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 7th

Undertaker, Blackiston & Son

Place of Business, 225 E. Eutaw st

M.D.,
Medical Attendant.

Address, 616 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 49222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE. JUL 6 1881 HEALTH DEPT.

CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Glyfonder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 3 weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 ft. ave Gastro-enteritis

Cause of Death, First, (Primary.)

Second, (Immediate.) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8

Undertaker, B. Harle

Place of Business, No. 82 West st

Address, 313 Lib

C. H. P. Ellis *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49223 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Laborer~~ Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Yrs

Place of Death, {Give street and number.} 298 S. Charles St

Cause of Death, First, (Primary.) ~~Exc~~ Heat

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8

Undertaker, H Brill

Place of Business, Hanover St & *Address,* 146 Hanover St

Theodore Gott M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49224

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida A. Chew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 237 N. Bidd[illegible] St.

Cause of Death, First, (Primary.) Entero-colitis

Second, (Immediate.)

Duration of Last Sickness, About 3 or 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 8th 1881

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881 - 7, o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Davis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, ——— *Years,* One *Months,* & 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 109 Perkins Street.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} No. 221 South Poca St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Inanition

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1881

Undertaker, Wm. J. Teitner

Place of Business, 65 S. Eutaw

David Elderdice M. D.
Medical Attendant.

Address, N.E. Cor. Columbia Ave & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ranning

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} Low street 149

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, July 7 1881

William Henkel M. D.
Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Orleans St. *Address,* S. Wolfe & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. 1881 BALTIMORE

Date of Death, July 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Sirvia

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. E. Cor. Jefferson & Washington Sts.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alysanius Cemetery

Date of Burial, July 7. 1881

Undertaker, John Mooney.

Place of Business, 382 Orleans St

H. Hellenberg, M. D.
Medical Attendant.

Address, 369 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49228

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7. 7. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lotter

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} N. E. Cor. 7 St. & 5 Sixth

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.) Paralysis cardiac

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery.

Date of Burial, 8th of July,

Undertaker, Fred Goede

Place of Business, 24 E. Caroline *Address,* 24 E. Saratoga

Thrasher M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49229 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL E BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Smothers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Credits Court

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 7th 1881

Undertaker, Geo. W. Perkins Jr & Co

Place of Business, 130 Hemietta St

W. S. Booze M.D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49230 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sorrenes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 29

Place of Death, {Give street and number.} 61 Hanover st

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.)

Duration of Last Sickness, 4 yr.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, July 7 91

Undertaker, Austin & Downs

Place of Business, No 263 Light st

A. J. Ellis *M.D.,*

Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Zachman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 62 Fayette St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1881

{ *Undertaker,* John S Meehan
{ *Place of Business,* No 150 Canton

Chas. H. Nelson M. D.
Medical Attendant.

Address, 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 19232 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Waugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty three *Years,* Nine *Months,* one *Days.*

Color, ~~Color~~ White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 285 Greenmount Avenue

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,) Do

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem — Harry L. Byrd M. D. Medical Attendant.

Date of Burial, July 8th 1881

Undertaker, John Thacher

Place of Business, No 150 Camden & *Address* 225 N Gilmor Street, Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Frost

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, 1875

Place of Death, {Give street and number} No. 29 Alton ~~Boreden~~ alley

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Three weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7-th 1891

Undertaker, Henry Forrest

Place of Business, 716 Orchard St

Chas. H. Goff M. D.
Medical Attendant.

Address, 906 N. Gaylo St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 11923 C

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Hall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Gay St Opposite Conn Stable

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 7th 1881

Undertaker, Geo L Schilling

Place of Business, Asquith & West

J. Thos H Steuart M.D.,

~~Medical Attendant.~~

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

Board of Health, City of Baltimore,

Permit No. 49235

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August J C Feuerhard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 119 Lemmon St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 8 1881

Undertaker, John P Paulus

Place of Business, 66 Fredrick Ave

James Bosley *M.D.,*
Medical Attendant.

Address, 319 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49236 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Ann Kirby Lillis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Ireland~~ Ireland

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number.} 13 Price's Place

Cause of Death, First, (Primary.) Atrophy of Liver

Second, (Immediate.) Inanition

Duration of Last Sickness, About 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 8th 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49237

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119 n. Dallas L

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7

Undertaker, Chas A White

Place of Business, 108 n Eutaw St *Address,* 137 Eutaw St

D D Smith, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49238

Office of Registrar of Vital Statistics

HEALTH DEPARTMENT 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry McGraw

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Thirteen Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} Corner Alice Anna & Eden Sts.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum,

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1881

Nicholas L. Dashiell M.D.,
Medical Attendant.

{Undertaker, Henry W. Mears

{Place of Business, 45 N. Gay St *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49239

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Nelson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} No 4 Union Court

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) ~~Asthma~~

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1881

Undertaker, Abraham Hayman

Place of Business, 13 Saratoga St

David Powell M.D.,
Medical Attendant.

Address, No 29 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49240 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mary[illegible]
40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 137 Montgomery St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

W S Bonze M.D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence S. Matthews

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, —— Years, 4 Months, 11 Days.

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 13 Temple St

Cause of Death { First, (Primary,) Bronchial Catarrh
Second, (Immediate,) 1 week.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8 " 1881

{ Undertaker, Abraham Grayman
Place of Business, 13 Sorrento St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. [illegible] & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 49242 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Whelan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland - 6 weeks in U.S

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number.} 19 Hillen

Cause of Death, First, (Primary.) Insolation

Second, (Immediate.)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 6 1881

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Edmund K Walker M.D.,
~~Medical Attendant~~

Address, Lemmon P.O.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Mary Hodd

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 82 *Years,* 7 *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ~~—~~ Life

Place of Death, { Give street and number. } 36 Warren Av

Cause of Death, First, (Primary.) Age

Second, (Immediate.) Genl Debility

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 2d July 1881

Undertaker, H.H. Jenkins Son

Place of Business, 75 N. Charles

H. B. Dobbs M.D.,
Medical Attendant.

Address, 36 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 4921 of

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Link

Sex, ~~Male~~ *Female.* {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widowed, Divorced~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Battery Avenue

Cause of Death, First, (Primary.) Injuries by Fall

Second, (Immediate.) Concussion of Brain

Duration of Last Sickness, 1½ Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, July 8th 1881

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light *Address,* 57 Hanover Av

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Rodeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 5 *Months,* ..... *Days.*

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 238 Hamburg st

Cause of Death, First, (Primary.) Tubercle of the Liver

Second, (Immediate.) Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, July 8th 1881

C. L. Buddenhagen M.D.,
Medical Attendant.

Undertaker, Silcus Koehler

Place of Business, Sharp & Cross *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49246 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C. Rebenger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cincinatti

Duration of Residence in the City of Baltimore, one year -

Place of Death, {Give street and number.} Nr 307 McDonough st -

Cause of Death, First, (Primary.) Cholera, Infantum

Second, (Immediate.) Cerebritis

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8, 1881

Wm. E. Russell **M.D.,**
Medical Attendant.

Undertaker, Henry Hoeft

Place of Business, 329 Central ave *Address,* Broadway & Madison st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 49247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosie Stein

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ~ *Years,* 3 *Months,* 1 *Days.*

Color, Child

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Of Englis Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 32 Englis

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1882

Undertaker, Kemp Ely & Mather

Place of Business, ~~716~~ Orchard St.

Geo. K. Simon M. D.
Medical Attendant.

Address, 32 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Shorter

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* — *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, { Give street and number. } 76 Sarah Ann St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 8 or 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Gun Powder Balto Co

Date of Burial, July 8th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 262 Madison Ave

Eldridge C. Price M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2264 Hansell

Board of Health, City of Baltimore.

Permit No. 49249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

ALIENIST JUL 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Lodenhall St.

Cause of Death, First, (Primary.) Mal Nutrition (atrp

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn St. Cemetery

Date of Burial, July 8th 1881

Undertaker, Geo W. Perkins

Place of Business, ———

James A. Stuart M.D.,

~~Medical Attendant~~ Comm'r of Health

Address, & Registrar

Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Sec.]

Examined by Jas. S. Fetzpatrick

Board of Health, City of Baltimore.

Permit No. 49250

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E McCurley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 Lemmon Court

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemet

Date of Burial, July 8

James Bosley M.D.,
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 N Gilmor St *Address,* 319 N Gilmor St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49257

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie June Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 E. Pratt St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

2 Days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 8th 1881

Undertaker, J. H. Wennstedt

Place of Business, Fayette St

J. J. Crook *M.D.,*

Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49252 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Magdalen Sporre

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 0 *Years,* 5 *Months;* 0 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 276 S. Ann St.

Cause of Death, First, (Primary.) Inflammatory Diarrhoea

Second, (Immediate.) followed by Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, July 8th,

Undertaker, Mendel Dippel

Place of Business, S. Bond st. 151

John H. Rehbergen M.D.,
Medical Attendant.

Address, 1443 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49253

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kennedy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 43 Thilman St.

Cause of Death, First, (Primary.) Measles & Catarh.

Second, (Immediate.) Laryngitis Pseudo membranous.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Burial Ground

Date of Burial, July 8th 1881

Undertaker, E A Carman

Place of Business, 38 Exeter

Edward P. Smith M.D.,
Medical Attendant.

Address, 169 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

~~Board of Health, City of Baltimore.~~

Permit No. 49252

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dickes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number.} 312 Montgomery St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Tubercles consumption

Duration of Last Sickness, Two Years, continued.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 8 1881

Undertaker, H Ross

Place of Business, 9 Lowry St.

L. D. Eyler M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. BYERLY.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49255

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Tall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 So Charles St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 8 1881

Undertaker, H Ross

Place of Business, 95 Lombard St

Jas J Bell M.D.,

~~Medical Attendant~~ Coroner So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McGee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} E. Eager St near McKim

Cause of Death { First, (Primary,) Dentition.
Second, (Immediate,) Congestion of Brain with Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, H.G. Cross Ct.

Date of Burial, June 7 1881

Undertaker, Peter Hoods

Place of Business, 369 N. Central Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Over

Board of Health, City of Baltimore,

Permit No. 49257

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Josephine Moerts

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Market woman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (40 yrs in Am

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Hospital Hospital

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Coma

Duration of Last Sickness, a few hours (4 hours)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 9 1881

Undertaker, Henry Steck

Place of Business, 360 N. Central Av

Geo. L. Keen M.D., Medical Attendant.

Address, 188 E. Chase St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Fisk

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Months 20 days

Place of Death, {Give street and number.} 874 W Balto

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Chronic Laryngitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 30 1881

Undertaker, John P Bailey

Place of Business, 66 Lidden Ave

Address 768 W Balto

E. D. Lockie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49259 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie Winge

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 13 *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 3 Duncan Alley

Cause of death, First, (Primary,) Brain fever

Second, (Immediate,)

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 8 1881

Undertaker, Wilson & Hughes

Place of Business, No 228 Aisquith St

C F Markel M. D.,
Medical Attendant.

Address, Cor. Lombard & Eutaw

V. O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MD. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Quinn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *4 Months,* ..... *23 Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} defective alimentation ~~marasmus~~

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Diarhoea

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 8th 81

J. H. Gurney M. D.
Medical Attendant.

Undertaker, Peter Kiernan

Place of Business, 317 Mulberry *Address,* 76 Stark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49261

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Jordan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 83 Division St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Albuminuria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 9th 1881

Undertaker, Chas F Scriven

Place of Business, 211 N Eutaw St

D H Miller *M.D.,*
Medical Attendant.

Address, 83 Division St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Samuels

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 2 *Months,* ——— *Days.*

Color, Col'd *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} White Haven Pa.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 19 22 Denlinger alley

Cause of Death, First (Primary,) Congenital Paralysis

Second (Immediate,) Epilepsy

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 8th 1881

Wm. F. Fuller M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw St *Address* 210 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 49263 . *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jaworski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Seven (7) *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lodz City Russia Poland

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 371 N. Durham St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 8th July

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,* 461 N. Gay St

Medical Attendant. ~~M.D.,~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49264 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Block.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House-keeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Poland.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} 213 Rolling st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Morbus.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem.

Date of Burial, July 8th 1887 Jas. E. McShane, M.D.,

Medical Attendant.

Undertaker, Wm Eclaw

Place of Business, 101 Gough st *Address,* Fayette & Paca sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49265 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102 Shirley St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, July 9th 1881,

Undertaker, Matthew Cadogan,

Place of Business, 227 Mulberry St, *Address,* 146 Hanover St

Thomas Cook M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board[illegible]lty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Wilson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 44 Greenwillow St.

Duration of Residence in the City of Baltimore, Five months.

Place of Death, {Give street and number} 44 Greenwillow St.

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) Convulsions

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1881

Undertaker, Wm. J. Gray

Place of Business, 65 Maulsby Av

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...lth, City of Baltimore.

Permit No. 4926 / 49267 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Healey Sweeney Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} × × ×

Occupation, × × ×

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 55 N Broadway

Cause of Death, First, (Primary.) Accident from Lockjaw

Second, (Immediate.) Tetanus.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 8th 1881

Undertaker, W A Davies

Place of Business, 74 S Broadway

Jerry E Devine M.D.,
Medical Attendant.

Address, 199 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

City of Baltimore,

Permit No. 49268

Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Leidhorst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six (6) years

Place of Death, {Give street and number.} 88 S. Canal St

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.) Pyrexia - Asphyxia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 8th 1881

Undertaker, Peter Frey

Place of Business, 91 Eutaw

J. Winslow M.D.,
Medical Attendant.

Address, 114 N. Stay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Boa[illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL~~ CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Johanna Moses

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 8 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 130 East Fayette Str.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) } Atrophia in Sanatum

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 9th 1891

Rob Antho Senior M. D.
Medical Attendant.

Undertaker, Henry Sinsheimer

Place of Business, 252 Eutaw Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49270

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Edgar

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 27 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 152 Canton Ave

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Fall

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 8th 1881

Undertaker, Henry Sondes

Place of Business, 152 Canton Ave *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4[illegible] ...dal Statistics. Ward .....

The Physician who attended any person in ~~a last illness, is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

49271

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881. 26 Baker St.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mehrer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 9 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 26 Baker St.

Cause of death, First, (Primary,) Dentition.

Second, (Immediate,) Gastro Enteritis, (Diarrhoea)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. Co.

Date of Burial, July 9

Undertaker, Walter Emmert

Place of Business, 313 N. Eutaw

[illegible] M. D.,

Medical Attendant.

Address, 530 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1898 BALTIMORE

Date of Death, July 7th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Linwood Patterson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Years, Eight Months, ~~Eight~~ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fredericksburgh Va.

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number} 131 Penna ave.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 9

James Bacon M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penna

Address, Cor. Argyle ave & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49273 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49273

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

Date of Death, July 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 82 Church St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 8th 81

W. S. Booze M.D.,
Medical Attendant.

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta st

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49274 ... of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49274 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arndorf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 72 York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Lehnert City

Date of Burial, 8 VII

Undertaker, C. A. Braun

Place of Business, 209 Hanover

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49275

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ortte

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11. *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 185 West St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, 9th

Undertaker, C. D. Feraud

Place of Business, 269 Hanover St *Address,* 146 Hanover St

Theodore Brote M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49276

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G E Evans

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alabama

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} No 5 Stockton Alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 9th 1887

Robt K Kinear M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, 13 Saratoga St *Address,* 5324 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49277

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1901.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Selina Hinder Cole

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } 231 E. Fort Avenue

Cause of Death { First, (Primary,) Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 8

Undertaker, E W Blizzard

Place of Business, 201 Pearl *Address,* 467 E. Fort Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 49278

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Jno. Hoffman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 10½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal. Nutrition

Second, (Immediate,) Teething

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 8

C. J. Bryan *M. D.*
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Park Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49279

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 - 01

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gioletta E L Peck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* 9 *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 48 - Clayton St -

Cause of Death, First, (Primary.) Tramp Colic

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gorsuchtown Baltimore Co

Date of Burial, July 8

Undertaker, C H Bryand

Place of Business, 201 Pen ave

H J Hunt *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie M. ~~Coyle~~ Cowgens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 76 Hill St

Cause of Death, First, (Primary.)

Second, (Immediate) Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of [redacted] Cathedral

[redacted] 9th.

[redacted] F. Troll

Place of Business, 131 Hanover St

Howard Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1889 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 8th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Hirsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1521 Pleasant

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 8th 1889

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Warren Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 8 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Blind Infirmary Court

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 35 Eutaw Street

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate.) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem. — Jerusalem Rd

Date of Burial, July 8th 1881

M. D.

Medical Attendant.

{*Undertaker,* F. A. Kerchner — *Address* No 134 Eutaw St

{*Place of Business,* S. Connellsville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. W. Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 223 Vine St

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate.) Atrophy

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, July 8th 1881

Undertaker, W. H. Limper

Place of Business, East St

James A. Stuart M.D.

Medical Attendant.

Per McShane

Address, Commissioners of Health

Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Chas. E. Brown Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Harvey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 4 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Clayton Row

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate.) Atrophy

Duration of Last Sickness, all the Life

All the above information should be furnished by the Physician.

Place of Burial, Druids Hills Baltimore County

Date of Burial,

Undertaker, John C. Jordan

Place of Business, Park Ave

James H. Stewart M.D.
Medical Attendant.

Address, Commissioner of Health Register

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2246 Examined by Jas. C. Brown Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49285 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wenning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 348 Hanover St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 18 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 8, 1881

Undertaker, Geo. Rosenstock

Place of Business, 309 Central Ave

Wm. Wade Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the REMARKS below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 8 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mangan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} * 74 S Boyd St

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Pat. Balto Co

Date of Burial, July 9 - 1881

Undertaker, J & J. Cook.

Place of Business, 707 W Balto

James A. Hunt M.D.,

Commissioner & Vice & Registrar

Address, [redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

J & J Geo E & Jones

No. 4926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Nicks

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number } 127 Sterling St

Cause of Death { First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenschlager Cemetery

Date of Burial, July 9th 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 49

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 8. th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Fox

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Thirty two *Years,* Eight *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfork. Va.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 220 Aisquith. St.

Cause of Death First, (Primary.) Dysentery.

Second, (Immediate.)

Duration of last Sickness, 20 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th

Undertaker, George Schilling

Place of Business, Schilling Bro

H. Caldwell Ireland M. D.
Medical Attendant.

Address, 190 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 49289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Schuate

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 16 *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 351 Cathedral st

Cause of Death, First, (Primary.) chol. Infantum

Second, (Immediate.) (convulsions)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 10th 1881

G Lane Tanyhill M.D.,
Medical Attendant.

Undertaker, Chas. D. Sexton

Place of Business, 27 N Eutaw *Address,* 129 W. Biddle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49290

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]s on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stivens

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* Three *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 496 Fremont St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 496 Fremont St.

Cause of Death First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 9th 1881

Undertaker, Richd T Scriven

Place of Business, 271 N Eutaw St

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott Pondexter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 2 *Months,* 0 *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one year & Two months

Place of Death, {Give street and number.} No 7 Brown St

Cause of Death, First, (Primary.) Hot weather & Dentition

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 9

Undertaker, John Howers

Place of Business, 225 S Eutaw St

B F Bohrer **M.D.,**

Medical Attendant.

Address, Cor Druid Hill Ave & Dolphin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR ~~BURIAL CAN BE OBTAINED~~ WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Stiles

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 44 Rose St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shoh Cemetery

Date of Burial, July 9

Undertaker, John H. Emery

Place of Business, 225 St Paul St

W. E. Moseley M. D.
Medical Attendant.

Address 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4-92

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL~~ CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Ketler

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, ... *Years,* 4½ *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 38 Somerset St.

Cause of Death { First, (Primary,) Meningitis

Second, (Immediate,) .....

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 49294

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Elis. Smith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Usa

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 115 S. Caroline St

Cause of Death, First, (Primary,) Entero-Colitis

Second, (Immediate,) Collapse

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9

Undertaker, Theadore Stocks

Place of Business, 73 Jefferson St

B. F. Leonard *M. D.*
Medical Attendant.

Address, 235 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 49298 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 4 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Gertrude Green

~~Sex~~ *Female,* {Cross out the word not required in this line.}

Age, 7 Months, ... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 173 Pierce St

Cause of Death, First, (Primary.) Intestinal Catarrh

Second, (Immediate) Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Church Cemetery

Date of Burial, July 9 1881

E. Meierhof M.D.,
Medical Attendant.

Undertaker, F Kummert

Place of Business, 317 Mulberry St *Address,* 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

No. 49296

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, ~~City of Baltimore~~,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Houck

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 207 N. Eutaw st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem tery

Date of Burial, July 9th 1881

W. B. Leffit M. D.
Medical Attendant.

Undertaker, Wm Mearer

Place of Business, No 202 N. Eutaw st *Address,* 216 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...o Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19297

~~The Physician who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Foster Moseley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, / *Years,* 2 *Months,* 25 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Minor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 248 N. Eutaw St.

Cause of Death, First (Primary,)

Second (Immediate,) Centrae depression from the heat.

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery W. E. Moseley M. D.

Date of Burial, July 9th 1881 Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 102 N. Eutaw St *Address* 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mr. & Mrs. Thos. Ellis Jr.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three hours ~~Years~~, ~~Months~~, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 278 Mosher St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 278 Mosher St.

Cause of Death First, (Primary,) Un Known

Second, (Immediate,) "

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 9th 1881

Undertaker, Wm. A. Weaver

Place of Business, No 202 N. Eutaw St.

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Walter Myers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 102 Scott St

Cause of Death First, (Primary,) Incomplete gestation and development

Second, (Immediate,) Convulsions, Cerebral Anemia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 9/81

Undertaker, Ph. Adler

Place of Business, 183 Columbia Ave

Robert H. Moffett M. D.
Medical Attendant.

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs L V Nottingham

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 57 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Living with her daughter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and number} 57 Saratoga st

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Entestinal Obstruction

Duration of last Sickness, One & a half Years

All the above information should be furnished by the Physician.

Place of Burial, Reed Meeting House Northampton County

Date of Burial, July 10th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw

P. O. J. A. Beckwith M. D.

Medical Attendant.

Reed Physician

Address, 57 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2247 Barnett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49301

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if not sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1[illegible] 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Largent

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hampshire County W. Va.

Duration of Residence in the City of Baltimore, three days

Place of Death, {Give street and number.} St Vincents Hospital Lorraine

Cause of Death, First, (Primary.) Compound Comminuted Fracture

Second, (Immediate.) Shock

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Paw Paw West Va

Date of Burial, July 1881

Undertaker, William Weaver.

Place of Business, 202 N. Eutaw St *Address,* 146 Park Ave

W. W. Gallaher Jr. M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49302

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza E Boston

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 190 Stirling St

Cause of Death, First, (Primary.) Pleurisy Fever

Second, (Immediate.)

Duration of Last Sickness, abt 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1881

Undertaker, Kinsley & Braden

Place of Business, 116 Archard's

Geo. L. Kenneson M.D.,
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49303

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF ~~VITAL STATISTICS~~.

Permit No. 49303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Toliver

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Years, 19 Months, Days

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Waverly Baltimore County

Duration of Residence in the City of Baltimore, nearly three months

Place of Death, {Give street and number.} 330 Vine St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 9th 1881

Undertaker, Wm. H. Dunger

Place of Business, No. 62 East St

T. H. Strahan M.D.
Medical Attendant.

Address, 690 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Billie Gibson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 2 *Days.*

Color, Colored *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 687 Saratoga st.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Spasms

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 9th 1881

{ *Undertaker,* Wm. C. H. Dange / *Place of Business,* No 62. East 2d *Address* 126 Mulberry st

J. McJordan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 49305

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Weis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 366 Orleans st.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 9 of July

{ *Undertaker,* Geo Corbett Sons
{ *Place of Business,* 211 E. Baltimore st

J. Heleollenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49306 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, ~~under penalty of law.~~

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Buchanan Wade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Five *Months,* Nine *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 60 Bank St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Cholera Infantum - 48 hours

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross burying

Date of Burial, July 10th

Undertaker, W. Funke

Place of Business, 33 Bank St. *Address,* 33 Bank St.

G. L. Miller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4930 7 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. H. Schultz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 268 S Eutaw St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 9th 1881

Undertaker, C. F. Krause,

Place of Business, 209 Hanover

Eugene Cotton M. D.,
Medical Attendant.

Address, 146 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49308

The Physician who attended any person in a last illness is responsible for the ~~presentation of this Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Speddin

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 79 *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorchester Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 427 N. Gilmor St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Senile

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, July 10th 1881.

Undertaker, Stewart & Mowen

Place of Business, 35 Park Avenue

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2248 Barnett

[OVER.]

...Suspicious, refer to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49309 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tomei's Neeter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 475 E. ~~Monument~~ Baltimore Street,

Cause of Death, First, (Primary.) Penetrating wound of abdomen from a toy pistol followed by peritonitis and
Second, (Immediate.) tetanus; death by ~~lockjaw~~ three hours before death,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. of Holy Cross

Date of Burial, July 10

Undertaker, W. Dippel

Place of Business, 1151 1/2 Baltimore

John F. Commins M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 49310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 9 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th July 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Lockwood

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Nine months

Place of Death, { Give street and number } 1618 Lanvale & Broadway Elevated

Cause of Death, First, (Primary,) Intestinal Disease

Second, (Immediate,) Convulsions

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 10th 1901

Undertaker, John T Scriven

Place of Business, 1711 Eutaw St

Wm J. Crane M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William albert

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto -

Duration of Residence in the City of Baltimore, till death -

Place of Death, { Give street and number. } 36 Colvin Al.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Bonnet Cemetery

Date of Burial, July 9 / 1881

Undertaker, Abraham Wayman

Place of Business, 18 Saratoga St

Herbert T Harlan M.D.,

~~Medical Attendant.~~

Address, 246 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49312 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8 July 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James May

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 21 *Years,* " *Months,* ~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 3 Tompkins

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, ab. 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 10 1881

Undertaker, James P Byrne

Place of Business, No 63 N. Front

G Hartman M.D.,
Medical Attendant.

Address, 5 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Report of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Teresa Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Gravel alley

Cause of Death, First (Primary,) Intution

Second (Immediate,) Entero Colitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 9. 1881

Undertaker, John C. Jordan

Place of Business, 1262 Park ave

T. J. Ward M. D.
Medical Attendant.

Address 122 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 49314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Oswald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 2 Willow St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, July 9th

Undertaker, H. C. Wadefeld

Place of Business, 90 Greenmount Ave

Wm. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49315

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Goss

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~0~~ *Years,* 7 *Months,* ~~0~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157 N. Spring st. (in rear)

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1881

Undertaker, Charles A. White

Place of Business, 35 Granby st

..... M.D.,

~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Jos. P. Smith

Board of Health, City of Baltimore,

Permit No. 49316

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Muss

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Nr 28 S Dallas St -

Cause of Death, First, (Primary.) Apoplexy -

Second, (Immediate.) Paralysis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, July 10th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

H. L. Russell M.D.,

Medical Attendant.

Address, Broadway Fredrick Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49317

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Connor

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 26 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 69 Hanford Avenue

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 E Madison St

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 9th 1881

Chas O'Donovan M.D.,
Medical Attendant.

{*Undertaker,* Henry W. Mears
Place of Business, 146 N. Gay St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49311

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Winkle

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 177 Macall

Cause of Death { First, (Primary,) convulsion
Second, (Immediate,) Sudden

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Catholic

Date of Burial, July 10th 1881

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

H. A. Lamb M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 8th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hoelzer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Fells st.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 9th 1881

Undertaker, Leo Ritz

Place of Business, 122½ S. Broadway *Address,* 271 S. Eutaw st

J Thomas M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 49320

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Hoffman Female

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Two (2) *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 23 N Carey St

Cause of Death, First, (Primary.) Malarial Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 10th

Undertaker, M. Frank

Place of Business, 833 Bank St *Address,* 44 N Eutaw St

Medical Attendant. *M.D.,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas George Nehring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eastern Ave' 93

Cause of Death, First, (Primary.) Convulsions ?

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Michal Cemetery

Date of Burial, July 10th 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John A Schmidt M.D.,
Medical Attendant.

Address, N Eastern Ave & Ed

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 49322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 Colony St.

Cause of Death, First, (Primary.) Gun shot wound.

Second, (Immediate.) Tetanus

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1881

Undertaker, L U Chase

Place of Business, 198 Howard St

Jas G. Hutchins M.D.,
Medical Attendant.

Address, Fayette & Paca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49323 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cook

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 29 Raborg St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Idiopathic Peritonitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1881

Undertaker, S. M. Chase

Place of Business, 198 Howard St.

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49324

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A ~~PROPER CERTIFICATE~~.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 140 N Fremont St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, July 11th 1881

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

H. F. Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 1 S. Exeter St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem.

Date of Burial, July 9th 1881

Undertaker, Henry Sands

Place of Business, 930 Canton Ave

[signature] *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49326 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Lamar

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 83 York st Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 83 York st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, R C Peters Cemetery

Date of Burial, July 10th

Undertaker, Armstrong & Denney

Place of Business, Montgomery & Light sts

Howden Cooke M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 49327

Board of Health, City of Baltimore,

Permit No. 49327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as provided *ante*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1931 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hubbard

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 27 Amistead Ave.

Cause of Death, First, (Primary,) Chronic Nephritis

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11th 1931

Undertaker, C. D. Krause.

Place of Business,

J. G. Burch M. D.
Medical Attendant.

Address, 15 W Hamm. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty four hours* after the death of~~ said deceased, or sooner, if requested ~~so to do~~, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

Date of Death, July 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Hanlon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 21 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 43 Milliman St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, July 10. 1881

Undertaker, Henry Eckmann

Place of Business, 63 N. Eden st.

W. H. White, M.D.,
Medical Attendant.

Address, 367 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

~~CERTIFICATE OF DEATH.~~

Date of Death, July 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Craig

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, About 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 348 Mc Henry st

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 10

Undertaker, Joseph B Cook

Place of Business, 407 West Pratt

James Cooley M.D.,
Medical Attendant.

Address, 319 N Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49330. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 9, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, About 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bay View

Duration of Residence in the ~~City of Baltimore~~, Institution 12 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Asthenia.

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 11. 1881

Undertaker, Jos Brannigan

Place of Business, 56 Division St

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49331

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 10 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Kaplaly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} N. Chapel St. near Boundry

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol. Infantum

Duration of Last Sickness, Did not to Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 9th 1881

Undertaker, Ph. D. Dill

Place of Business, ———

James A. Stuart M.D.,

~~Medical Attendant.~~ Comm of Health

Address, the Office

Dan'l M. Shane

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam Jos. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49332

Office of Registrar of Vital Statistics.

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, ~~accurately~~ ***filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessie Haslup

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 59 Biddle St

Cause of Death, { First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Waverly

Date of Burial, July 10th

{ *Undertaker,* Geo Schilling

{ *Place of Business,* Ashland & Lyon *Address,*

S. F. Hopner M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4,333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M. Smith

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, X *Years,* 5 *Months,* 22 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Apeldoorn Holland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 S. Poppleton St

Cause of Death, First (Primary,) Enteritis non diarrhoeal

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 10th 1881

Undertaker, Jas A Cook

Place of Business, No 707 W Baltimore street

W. H. Kemp M.D.
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Permit No. 49334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Felician Jacobiak

Sex, Male or Female, { cross out the word not required in this line. }

Age, [illegible] *Years,* 8 *Months,* [illegible] *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } No 27 Fawn av

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate,) 2 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 10th 1881

Undertaker, Jas P. Thomas

Place of Business, Front St

[illegible] M. D.
Medical Attendant.

Address, 121 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 49,338 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday July 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah D. Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 61 E. Biddle St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th

Undertaker, George Schilling

Place of Business, Holland Square

Geo. H. Elsner M. D., Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45336

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 5 Peach alley

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.) Cattenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10

Undertaker, John Howen

Place of Business, 925 Eutaw St

W S Booze M.D.,

Medical Attendant.

Address, 20 E Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49,337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 9th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Woods

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 / *Years,* 8 *Months,* 3 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 252 Hanover

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11th 1881

Undertaker, Wm J. Tiernan

Place of Business, 65 S. Eutaw St.

H W Webster M.D.,
Medical Attendant.

Address, 57 Bancet

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49,338

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie E Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 44 Cumberland st

Cause of Death, First, (Primary.) Encephalitis

Second, (Immediate.) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 11th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Dr J. Hurst M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45.885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

Date of Death, July 9th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Tost

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 227 S. Broadway

Cause of Death, First, (Primary.)

Second, (Immediate.) Necrosis

Duration of Last Sickness, Twelve years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th 1881

Undertaker, Peter Frey

Place of Business, 91 Eutaw

Nicholas L. Dashiell M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49340

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49340.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Robbins

HEALTH DEPARTMENT JUL 10 1890 BALTIMORE

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 28 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 1143 S. Hanover St

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Clark St

Date of Burial, July 9 0

Undertaker, J. W. Perkins & Co

Place of Business, 130 Henrietta

I. C. Burch *M. D.*
Medical Attendant.

Address, 15 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 49.341

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease...mer, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elias W. Webb

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* Four *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 128 Hanover Ave

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) Diarhea

Duration of Last Sickness, About ten day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 11 1881

Undertaker, G. Frank Loane

Place of Business, 654 W. Balto St

Elias LePrice M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Violi

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 8 weeks *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} 5 Chapel Court 126.

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Nicholas

Date of Burial, July 11th 1881

William Henkel M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave *Address,* S. Wolfe & Bk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 49343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Goetz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} N. E. Cor. Gough & Washington sts

Cause of Death First, (Primary,) Fissure Cervix Uteri

Second, (Immediate,) Exhaustion, induced by Renal

Duration of last Sickness, Two years and six months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 11th 1881

A. L. Clark. *M. D.*
Medical Attendant.

Undertaker, Henry Snyder

Place of Business, 252 Canton Av *Address,* 235 E. Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49344

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last illness~~ is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the ~~Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or Coroner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Casey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 05 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 46 Canton Market Space

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, July 11 1881

Undertaker, Barnes & Byrne

Place of Business, No 63 N Broadway

J. J. Reynolds M.D.,
Medical Attendant.

Address, 46 Canton Market Space

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Butler.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 265 N. Dorough St

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Exhaustion of the heart.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th.

Undertaker, Chas A White

Place of Business, 10 S Broadway

J. W. Chambers, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1... 188... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 July 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roza Zeumbler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 14 *Months,* —— *Days.*

Color, White

Married, Single, Widowed, Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number} 4 S. Gay St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, July 11 1881

Undertaker, Wm Elam

Place of Business, 101 Gaught

W. P. Dales M. D.
Medical Attendant.

Address, 1127 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 4934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert James Funk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 156 N. Wolf St

Cause of Death, First, (Primary.) Teething & neglected Diarrhoea

Second, (Immediate.) Marasmus Asthenia

Duration of Last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 12th

Undertaker, [illegible]

Place of Business, 280 Canton av

G A Dobmeier M.D.,
Medical Attendant.

Address, 862 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49348

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Kate Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X Y

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 23 N. Pratt St

Cause of Death, First, (Primary.) Perlapsis & Cholera Infantum

Second, (Immediate.) Catarrhal Fever

Duration of Last Sickness, Several Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 11th

Geo. E. Daniell M.D.,
Medical Attendant.

{*Undertaker,* H. J. Pickuer
Place of Business, 66 S. Eutaw } *Address,* 297 E. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49349

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Reep.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seventeen *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Diver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Setanus, from Gunshot Wound

Second, (Immediate.) Spasm of respiratory muscles

Duration of Last Sickness, Twenty three hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 11 81

Undertaker, M. Funtz

Place of Business, 35 Bank St

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49350

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1887 BALTIMORE

CERTIFICATE OF DEATH.

~~Date of Death~~, July 4. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton Edw Povey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years*, 8 *Months*, 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 73 Bank St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, July 11 87

Undertaker, M Funk

Place of Business, 36 Bank St *Address*, Balt & East. Sts.

G. G. Leek *M.D.*,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Permit No. 49357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Franklin Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 13 *Years,* 11 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Balto City

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} all his life

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 88 N. Wolfe St.

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Convulsions

Duration of last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Bolton

Date of Burial, July 12th

Undertaker, M. F. Frey

Place of Business, Bedford St

E. F. Bruns M. D.
Medical Attendant.

Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 47[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Sander

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 47 Lanvale

Cause of Death First, (Primary,) Acute Bronchitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11

Undertaker, Henry Brice

Place of Business, Hanover St 81

Wilkins M. D.
Medical Attendant.

Address, 95 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49353 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 1. *Months,* 1. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 80 Henrietta St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Chlorea Infantum

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11

Undertaker, Henry Brill

Place of Business, Henrietta St 81

Geo. W. Cook M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to [illegible]

Board of Health, City of Baltimore,

Permit No. 49357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} N W H & Hillen Sts

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Ever. Green Cemetery

Date of Burial, July 11th 1881

Undertaker, Chas. A. White

Place of Business, 108. Pulcans St

Medical Attendant.

Address, 29 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Hermann Neubauer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} E. Anns St 269

Cause of Death, First, (Primary,) Teething convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Evangelical Cemetery

Date of Burial, 11th July 1881

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

William Henkel M. D.
Medical Attendant.

Address, S Wolfe & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balti

Permit No. 49356

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gaese

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 10 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 16 Point lane near Fremont Cemet

Cause of Death, First, (Primary.) Miscarriage

Second, (Immediate.) Puerperal peritonitis

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th

Undertaker, George Schilling

Place of Business, Ashland & Lyman

Geo. A. Hartman M.D.,
Medical Attendant.

Address, * 305 N Caroline S

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta M. Adams

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 25 days

Place of Death, {Give street and number.} 200 Madison ave.

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,) Several days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 119

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 49358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Haffer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } Cor Green & German

Cause of Death, First, (Primary,) Acute Hydrocephalus

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 12th 1881

Undertaker, W. H. Secrest

Place of Business, 35 S. Eutaw St

Edwd. F. Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 2 yrs & 2 mos

Place of Death, {Give street and number.} 97 Aisquith St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Effusion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1881

Undertaker, John Lake

Place of Business, 161 Balto St

E Geo Walls M.D.,

Medical Attendant.

Address, N. E. cor Balto & Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 49360

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 10th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah R Hanson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Going School

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Anne Co. Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 279 S. Eutaw St.

Cause of Death, First, (Primary.) Hereditary Consumption

Second, (Immediate.) Tonsillitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1891

Undertaker, H Rossum

Place of Business, 15 Conway St

L. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ellen Garton

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days.*

Color, W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 81 Columbia Avenue

Cause of Death First, (Primary,) [illegible]

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, July 11th

Chas. H. Yeo M. D.
Medical Attendant.

Undertaker, F. A. Foell

Place of Business, 131 Hanover St *Address,* 306 W. Hazlewood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49362 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Susanna Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 6 Baker St

Cause of death, First, (Primary,) Phthisis Pulm. Enlargement with dilation of the heart

Second, (Immediate,) Asthenia. (Ex valvular lesions.)

Duration of Last Sickness, About 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 11

Undertaker, Walter Emmet

Place of Business, 315 W. Biddle

T. Buchert, M. D., Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49363 *Office of Registrar of Vital Statistics.* Ward 15

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 to

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Givins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~*Widower*~~ {Cross out the word not required in this line.}

Occupation, Servant-

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 Lee St.

Cause of death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetry

Date of Burial, July 11th 1881

Undertaker, Jesse J. Gray

Place of Business, 68 E. Mulberry St. *Address,* 262 S. Sharp St.

L. M. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Russell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* —— *Months,* 5 *Days.*

Color cd

~~*Sex,*~~

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} #2 Kinnell Alley

Cause of Death, First (Primary,) ——

Second (Immediate,) Old age

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, July 11th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

W. S. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 49365

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~as hereinafter filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sallie A Knies

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Wh

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 225 So. Broadway

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 12th 1881

Undertaker, John F. Speck

Place of Business, 16 Hillen ave

E. B. Britton M. D.
Medical Attendant.

Address, 37 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 19366 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Vanderford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Seven *Months,* Seven *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 Battery Av.

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Convulsions Coma

Duration of Last Sickness, Eight days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 12th 1881

Undertaker, Armstrong & Denny

Place of Business, Light & Mount Streets

De Lancey H Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 3 on the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Meis Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} ~~Domicile~~ No 8 N Carrollton Ave

Cause of Death, First, (Primary.) Suicidal shot thro right temple

Second, (Immediate.) Injury to brain

Duration of Last Sickness, An hour or two

All the above information should be furnished by the Physician.

Place of Burial, Westen Cemetery

Date of Burial, July 11

Undertaker, Joseph B Cook

Place of Business, 407 W Pratt

Edwd R Walker M.D.,
Medical Attendant.

Address, Ex Coroner M D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49368

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Redding

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give street and number} 12 Rock

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 11 W. H. Eastman M. D.

Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* Big Chas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49369

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Clarke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 3 yrs 4 mos.

Place of Death, {Give street and number} 84 S. Poppleton

Cause of Death {First, (Primary,) Second, (Immediate,)} Congestion of Stomach & Liver

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, July 11

Undertaker, Wm Luther Cadogan

Place of Business, 227 Mulberry St

H. L. Spencer *M. D.*
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49370

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ~~of said deceased, or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Heisner

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 389 Eastern Avenue

Duration of Residence in the City of Baltimore, 2 years & 10 months

Place of Death, {Give street and number.} No 384 Eastern Avenue

Cause of Death, First, (Primary.) Hydrocephaloid

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Monday July 11th

Undertaker, Mrs C. Frohlich

Place of Business, 2494 Eastern Av

Wm H Jones M.D.,

Medical Attendant.

Address, 164 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4937 / *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P. Wahlein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ball city, Since birth

Duration of Residence in the City of Baltimore, 330 Harford Ave

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.) Elampsia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 12, 1881

Undertaker, Henry Kraft

Place of Business, 309 Central Ave

Constant M.D.,
Medical Attendant.

Address, 474 N Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT D. 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10-1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Carrick.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 469 E. Fayette St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) 10 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, July 11th 1881

Undertaker, Denny & Mitchell

Place of Business, 655 S Broadway

Jno. F. Powell M.D.
Medical Attendant.

Address 227 Caroline ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 49373

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Muller

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 18 Jackson Sqr

Cause of Death First, (Primary,) Morbus Brightii

Second, (Immediate,)

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 12th 1881

E J May *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

Date of Death, July 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Fo[illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 5' Hall alley

Cause of Death, First, (Primary.) Pistol shot in right hand on July 4th

Second, (Immediate.) Lock jaw

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem

Date of Burial, July 12th 1881

A. H. Ellis M.D.,

Medical Attendant.

Undertaker, Wilhelm Koehler

Place of Business, Sharp & Cross *Address,* 313 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Albert Hawkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 22 *Days.*

Color, C & C *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 36 Jordan Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 36 Jordan Alley

Cause of Death, { First (Primary,) Debilitas

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 11th 81

James L Ellis M. D.
Medical Attendant.

{ *Undertaker,* Theo J Locke

Place of Business, 173 Jefferson St *Address* No 34 Penn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 49376

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Luiter

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 34 Columbia St

Cause of Death First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of last Sickness, 18 Months —

All the above Information should be furnished by the Physician.

Place of Burial, Martinsburg Va

Date of Burial, July 11th 1881

Undertaker, John Thacher

Place of Business, No 150 Camden

J H Emmey M. D.
Medical Attendant.

Address, 762 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2249 Hanover

Board of Health, City of Baltimore,

Permit No. 49377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bald

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~296~~ 269 William

Cause of Death, First, (Primary.) Cholera Infant.

Second, (Immediate.) Hydrocephalus (Symptom)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th

Undertaker, B. Hark

Place of Business, No 82 West St

Louis Ch Kaan **M.D.,**

Medical Attendant.

Address, cor Eutaw and Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} France.

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number.} 397 S. Eutaw St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Malarial Typ. Fever

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 12

Undertaker, B. Early

Place of Business, 82 West Pratt

W. J. N. Tall M.D.,

Medical Attendant.

Address, 15 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49379 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11. 1887 BALTIMORE

CERTIFICATE OF DEATH.

~~*Date of Death,*~~ July 10. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie M. Mumford

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line}

Age, — *Years,* 1. *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7. Lakeside

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 11

Undertaker, E. Myers

Place of Business, 42 N. Eutaw St.

Edward Cook M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49380 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Died at Residence

Place of Death, {Give street and number.} 341 Canton ave.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, July 12th 1881

Undertaker, John Gilmeyer

Place of Business, 341 Canton ave

D. Gatch M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49381 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Hoover

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 742 Hanover

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 12" 1881

Undertaker, C. Ph. Seewald

Place of Business, 35 S. Eutaw

Theodore Cook M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th July 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel T. Hatch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty nine (69) *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Plasterer - in early life - no occupation now

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Massachusetts -

Duration of Residence in the City of Baltimore, about Sixty Years -

Place of Death, {Give street and number.} No 258 N. Howard St. Balto.

Cause of Death, First, (Primary.) Albuminuria, Bright's disease.

Second, (Immediate.) Pericardial Effusion -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 11th 1881

W. C. Van Bibber M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 47 Franklin St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49383 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sister Mary Clement (Charlotte C. Young)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Sex,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sister of The Order of all Saints

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, nearly 3 years

Place of Death, {Give street and number.} 261 N. Eutaw St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) asthenia and asphyxia

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery Waverly

Date of Burial, July 11th 1881

Undertaker, W. H. Bishop Jr

Place of Business, 97 Davis Ave.

S. G. Chew M. D.
Medical Attendant.

Address 1411 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 49384

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death of said deceased, or sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence. McCoy.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} * 233. Madison St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera. Infantum

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 12th 1881

Undertaker, Geo W Perkins

Place of Business, ~~~

James R. Stuart M.D.,

Commissioner of Health and Registrar

Address, [redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ent by Jno E. Pressing

Board of Health, City of Baltimore,

Permit No. 49385

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fitzger

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~ Years, ~~ Months, 3 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 235 Gough St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels. Cem

Date of Burial, July 11 - 1881

Undertaker, W. Deance

Place of Business, 28 Caroline Ave

James A. Stewart M.D.,

Commissioner of Health and Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ent by Dr. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49386

The Physician who attended ~~any person in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Clemer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 69 N Washington St

Cause of Death { First, (Primary,) Edemapsia
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com.

Date of Burial, July 11th 81

Undertaker, M. Frazer

Place of Business, 150 Canton

J Heidelberg Jr. *M. D.*
Medical Attendant.

Address, 369 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 4938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Runaman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Nine *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 78 N Wolfe St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Premature

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 12th 91

Nicholas L Sothiell, M.D.,
Medical Attendant.

Undertaker, J. P. France

Place of Business, 250 Canton Ave *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49388 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Vance.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, White -

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life -

Place of Death, {Give street and number.} 5 S. Woodyear st -

Cause of death, First, (Primary,) A slight contused + lacerated wound on the palm of the left hand. produced by a charge of powder fired from a toy pistol. containing a blank cartridge -

Second, (Immediate,) Tetanus

Duration of Last Sickness, 36 hours -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, July 12 th 1881

Undertaker, [illegible]

Place of Business, 336 Pennsylvania ave

H. Rickert, *M. D.,*

Medical Attendant.

Address, 532 Penna A.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49389

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stang

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 5 *Months,* 28 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 320 so. Batt st

Cause of Death, First, (Primary.) cancer of the stomach

Second, (Immediate.) the same

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 13th 1881

Henry Salzer M.D.,
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 63. W Lombard st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Wesley Meeks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 175 N Fremont

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th 1891

Undertaker, C H Blizzard

Place of Business, 201 Balto Ave

H F Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J. Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 45 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt & Ohio R.R. Locust Point

Cause of Death, First, (Primary.) Supposed Struck & run over by an Engine
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 11th 1891

Undertaker, C. H. Bohlayer

Place of Business, 201 Penna Ave

D. H. Bell M.D.,
~~Medical Attendant~~ Coroner Sw Dist

Address 161 So Stricker St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith May Stricker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 1 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery and Child's Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ~

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 11th

Undertaker, C. H. Blizzard

Place of Business, 201 Penna Ave *Address,* .....

C. F. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49393

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 16 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* ~ *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md to Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) Change of bowels

Second, (Immediate.) Enteric Colitis

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, E Public Ann

Date of Burial, July 11—1881

Undertaker, F Mullen

Place of Business,

J. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49394 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~ Years, 6 Months, ~~ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 88 S. Amity Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 11th of July

Undertaker, Ambrose Kochler

Place of Business, 246 Lombard St

James A. Steuart M.D.,
Commissioner of Health
and Registrar

Address, Register Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Leo & Taylor

Board of Health, City of Baltimore,

Permit No. 49395

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last illness~~ is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sally Moore

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, —— *Years,* 2 *Months,* 21 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 15 Union St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Short time

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 10/81

Undertaker, F. D. Kercheval

Place of Business, 50 S. Carrollton Av. *Address,* 172 Franklin St

W. H. Antrim M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 19396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus P. Shutt

~~Sex,~~ *Male or* ~~*Female*~~; {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coal Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life, with the exception of 10 years in Mississippi

Place of Death, {Give street and number.} No 590 West Lexington Street

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Pneumonia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 12th 1881

J. J. MacKenzie M. D.
Medical Attendant.

Undertaker, Delany & Mitchell

Place of Business, 530 W. Fayette St. *Address* 67 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 49397

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tyler 8th

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 S Bond St

Cause of Death, First, (Primary.) Acute Mania

Second, (Immediate.) Gen'l Debility 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12" 1881

Undertaker, H. A. Saiger

Place of Business, 74 S. Bond

S. W. Slaer M.D.,
Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Dexter White

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 76 S. Broadway

Cause of Death First, (Primary,) Malarial Fever

Second, (Immediate,) Spasms

Duration of last Sickness, 12 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1881

E. J. Way *M. D.*
Medical Attendant.

Undertaker, H. A. Dasher

Place of Business, 74 S. Broadway *Address,* 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sally Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 104 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) old age

Second (Immediate,) ~~dis~~ debility

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, July 12th 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1191

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11—1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Gustav Schlütter

Sex, Male or ~~Female~~, { cross out the word not required in this line. } —

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, —

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, { Give street and number } 1 Calverton Road

Cause of Death, First, (Primary.) Cholera Infantum (vera) Sequent upon Summer diarrhea

Second, (Immediate.) Exhaustion —

Duration of last Sickness, 12 hours — (altogether 3 or 4 Ds) —

All the above information should be furnished by the Physician.

Place of Burial, Loundam Park

Date of Burial, July 12th 1881

C. A. McDowell *M. D.*
Medical Attendant.

Undertaker, John P. Paulus

Place of Business, 66 Fed Rad

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Year,* 3 *Months,* 9 *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Chestnut Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 81

W. H. Thompson M. D.
Medical Attendant.

Undertaker, Geo Soffrain *Address* 41 Orchard St.

Place of Business, 121 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christenia Ricker

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months,* 8 ~~Days.~~

Color, W ~~Sex,~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 18 Walnut alley

Cause of Death, { First (Primary.) Septicemic Poison from mother who died from said Cause
Second (Immediate.) Enteric Colitis

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2 ~~th~~ 1881

William Lee M. D.
Medical Attendant.

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Address Eutaw street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

49203

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 - 81.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar L. Hunt

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 167 George

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 d

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1881

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

John [illegible] *M. D.*
Medical Attendant.

Address, 215 N. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 494404 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Kelley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 31 O'Donnell St

Cause of Death, First, (Primary.)

Second, (Immediate.) Thrush

Duration of Last Sickness, Few weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July the 13th 1881

Undertaker, H. M. Gilmore

Place of Business, No 341 Canton ave.

E. D. Williams M.D.,

Medical Attendant.

Address, 17 Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. F Fuhr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 60 Tennent St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 13 July

Undertaker, Adam Fiehl

Place of Business, 461 N. [redacted]

A. B. Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisha Tuckey

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 47 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 167 E. Monument St

Cause of Death First, (Primary,) Bright's Disease

Second, (Immediate,) Paralysis

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 13 1881

Undertaker, John W Jackson

Place of Business, 528 N Gay St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 49407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 120 York St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Pcb. Cemy

Date of Burial, July 12 1881

Undertaker, F. A. Kercher

Place of Business, Carrollton

W. S. Booze **M.D.,**

Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49408

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT ~~FOR BURIAL CAN BE OBTAINED~~ WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Barrett

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* Six *Months,* Nine *Days.*

Color, Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 61 David St

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 177 S. Dallis St.

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ever since it's Birth.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, July 12th 1881

Undertaker, Theo J Locke

Place of Business, 1173 Jefferson *Address,*

A. J. Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49409

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } G. Hadley Mitchell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Private Watchman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 22 E. Lemmon St

Cause of Death, First, (Primary.) Hemiplegia. caused by

Second, (Immediate.) softening & abscess in right side of brain 3 wks 4 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 13th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St

Edward P. Miller M.D.,
Medical Attendant.

Address, 169 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49410

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 24 Wayne St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 12th 1881

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St *Address,* .....

Geo A Peters M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49411

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Mullen

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* 18 *Days.*

Color, White

~~Married,~~ ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1414 Pearl St

Cause of Death, First, (Primary.) Gunshot wound.

Second, (Immediate.) Tetanus traumatic

Duration of Last Sickness, 2 ds

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 12th 1881

Undertaker, Hess & Cook

Place of Business, No 707 W. Baltimore street

W. F. Krieger *M.D.,*
Medical Attendant.

Address, 56

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Cissel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Parrish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 417 Gilmor

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Wooden Cemetery

Date of Burial, July 13th 1881

Undertaker, Edward Selby

Place of Business, Balto Co

M. K. Warner M. D.
Medical Attendant.

Address, Shrecken & Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Adams

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 3 yrs & 1 mo.

Place of Death, {Give street and number.} 385 Hamburg St.

Cause of Death, First (Primary,) —

Second (Immediate,) Chronic Bronchitis

Duration of Last Sickness, 2 Mo

All the above information should be furnished by the Physician.

Place of Burial, Mt. Court Cem

Date of Burial, July 12/81

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Bare St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bopon

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 338 N. Eden

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Exhaustive Diarrhoea

Duration of Last Sickness, ~~7~~ 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 13th 1881

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eden st

W. F. A. Kemp M.D.
Medical Attendant.

Address, 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49418

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 10/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Murdock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 363 Eastern ave.

Cause of Death, First, (Primary.) Chorea, Cardiac Rheumatism

Second, (Immediate.) Valvular Insufficiency

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 12, 1881

Undertaker, Jas O'Byrne

Place of Business, 63 Hunt

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Gottman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 59 Years

Place of Death, {Give street and number.} 105 Cambridge

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 12 1881

James E Donnell M.D.,
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 297 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4944

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sophia Holmes~~ July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Holmes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* 17 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Harden's Court — No 1

Cause of Death { First, (Primary,) Cholera infant. / Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12/881

Undertaker, Jacob Fairs

Place of Business, 103 Lee St.

Wm Gambrel M. D.
Medical Attendant.

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49418

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Gross

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 11 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 299 Hamburg St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, July 12 "1881

Undertaker, Hercules Ross

Place of Business, Conway St

James A Lemmon M.D.,

Medical Attendant.

Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - John E. Burdine

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Pephas

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 27 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Colchester, Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 67 N. Durham St

Cause of Death, First (Primary,) Injury from tobacco hogshead

Second (Immediate,) Obscure hurt to internal organs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, June 12th 1887

Undertaker, Andrews & Hodges

Place of Business, Druid Hill Ave

Tho. S. Latimer M.D.

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49420

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben S Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 - 8 0 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Res Reisterstown Road 3 miles from city

Place of Death, {Give street and number.} Co Fremont & Paterson Ave

Cause of Death, First, (Primary.) Heart decease & old age

Second, (Immediate.) & Rest

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery Liberty Road

Date of Burial, July 13. 1891

Undertaker, John C. Jones

Place of Business, 63 Baltimore

Edmund R Walker M.D.,
Medical Attendant.

Address, Coroners P S

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49421

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabette Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 3 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 141 Franklin St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 6 days (Only saw the case on

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 12/1881

Undertaker, James P Byrne

Place of Business, No 63 n Howard St

David Van Bibber M.D

Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49422 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Mac Lay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 17 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 117 Pearl St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) ——

Duration of Last Sickness, 14 dys

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 12

Undertaker, C. H. Blizzard

Place of Business, 201 Pine

H. H. Hewgley M.D.,
Medical Attendant.

Address, Green & Mulberry Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49423 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Millan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Native

Duration of Residence in the City of Baltimore, 15-1/2

Place of Death, {Give street and number.} Penna St

Cause of Death, First, (Primary.) Pulmonary consumption

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 1881

Undertaker, W. H. Bishop & Co

Place of Business, 97 Monument ave

W. H. Atkinson M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49424

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie J. Hanson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. } Married

Occupation, Wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 114 S Fremont

Cause of Death, First, (Primary.) Metritis

Second, (Immediate.) Peritonitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Westminster MD

Date of Burial, July 13

Undertaker, C B Blizzard

Place of Business, 207 Lanvale

Thos O'Sullivan M.D.,
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2262 Barnett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49425 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 BALTIMORE

Date of Death, July 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Marie Deidrner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bachergen Hanover.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 38 Clifford St.

Cause of Death, First, (Primary.) Ac Dor pay. Pericardial

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 days.

All the above Information should be furnished by the Physician.

Place of Burial, Sut. Mathews Traspred

Date of Burial, July 12th 1881

Undertaker, Helen Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* Baltimore

Wm B Canfield M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Bankner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 2 Spring St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 Year and 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem

Date of Burial, July 13 - 1881

Undertaker, H Heath

Place of Business, Central Av

O J Cokery M.D.
Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49427

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thary Agnes Harris

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 12 *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Cholera Infantum 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 12-1881

Undertaker, J Mullen

Place of Business,

T. J. Ware M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49428

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williamina Steefel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 4 *Months,* ..... *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Asylum of the Little Sisters of the poor Cor. John and Valley Sts

Cause of Death, First, (Primary.) .....

Second, (Immediate.) general debility Heart Decease

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Patricks

Date of Burial, July 11/81.

Undertaker, Stewart & Mence

Place of Business, 35 Pac Av

H. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hawkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* ——— *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Moore al.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} No. 89 Moore al.

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,) Exaustion

Duration of last Sickness, Two weeks.

The above information should be furnished by the Physician.

Place of Burial, W. P. [illegible]

Date of Burial, July 12 1881

F. B. Gardner M. D.
Medical Attendant.

Undertaker, H. A. Kirchner

Place of Business, ——— *Address,* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49430

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF ~~DEATH.~~

Date of Death, July 11. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Beck.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Furniture Dealer.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } 42 Hanover St

Cause of Death, First, (Primary.) Cholera Morbus.

Second, (Immediate.)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 13th 1881

Undertaker, Armstrong & D

Place of Business, 263 Eutaw St *Address,* 75 E. Baltimore St.

J. W. Houck, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49431. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Hammerbacher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 9 *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} N° 26 Braun Street

Cause of Death, First, (Primary.) Valvular Cardiac

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 14th 1881

Undertaker, Julius Koehler

Place of Business, Shaw & Cross *Address,* 163 W. Lombard

Henry Salzer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 13 1891 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, July 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. Hacke

Sex, Male, Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 10 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 185 Johnson

Cause of Death, First, (Primary.) Cholera Morbus and Enteritis

Second, (Immediate.) Prostration

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July the 13.

Undertaker, Ernst Schleman

Place of Business, 200 Sharp Street *Address,* 166 S. Paca St.

D. L. Buddenbohm M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49433

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie C. Gaither

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 1 Gay Street

Cause of Death, First, (Primary.) Tetanus

Second, (Immediate.)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 14th 81

Undertaker, M. Francis

Place of Business, 280 Canton Ave *Address,*

D. F. Gaither *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 49434

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hate Schwartzkopf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 101. n. Wolf st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) (Septicemia)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, July 13th 81

Thomas J. Evans M.D.,
Medical Attendant.

Undertaker, W. Frame

Place of Business, 230 Fountain *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 3.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49435 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Alfred~~ Albert Floyd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, 8 *Years,* 1 *Months,* 25 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 143 York St

Cause of death, First, (Primary,) Fallen fracture of Lumbar Vertebrae & Abdomen

Second, (Immediate,) Injury of the Bladder and Intestines

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, 13th July

Undertaker, Geo W Perkins & Co

Place of Business, 120 Henrietta

Theodore Gatch M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49436

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Burke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 162 Eutaw

Cause of Death, First, (Primary.) .....

Second, (Immediate) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 14th 1881

Undertaker, John Fahey

Place of Business, 161 E Balto St

..... **M.D.,**
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49437

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Patrick~~ now Joseph Koch (Father)

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 2 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and number} No 22 Hanover St.

Cause of Death, First, (Primary,) Debility (Between 6 & 7 Mo. Gestation)

Second, (Immediate,) "

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Westminster (Cemetery)

Date of Burial, July 13th 1881

E. P. Bruns M. D.
Medical Attendant.

Undertaker, Thos Fallon

Place of Business, 111 Saratoga St

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...& CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman C. Stacker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 476 Canton Avenue

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Icterus

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, 476 Canton

Date of Burial, Baltimore Cemetery

Undertaker, W. Sanders

Place of Business, Canton Ave

James T. Shaw M.D.,
Medical Attendant.

Address, 6 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Mahoney

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 56½ Fork St Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 56½ Fork St Balto

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 13th 1881

Undertaker, Joseph B. Cook

Place of Business, 707 N. Baltimore *Address,* 244 N. Caroline St

G. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Dwyer Laura E. Dwyer (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Died during pregnancy Years, Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 94 Pine St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Pine St

Cause of Death, First (Primary,) unknown twins one living

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 13th 1881

Undertaker, John Machen

Place of Business, No 150 Camden

Chas. W. Giles M. D.
Medical Attendant.

Address 66 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish him forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49464 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmond Kefort Holbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* — *Days.*

Color, White *Sex;* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baltimore

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 365 Cathedral St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Hooping Cough 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 14th 1881

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address*

G A Mears M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicina who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49442 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T. Fletcher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Rope maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 44 & Light-st

Cause of Death, First, (Primary.) Pulmonary Consumption.

Second, (Immediate.) " Hemorrhage (5 minutes duration)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'ty

Date of Burial, July 14th

Undertaker, J. Starke

Place of Business, 82 West St

H. T. Ellis M.D.,

Medical Attendant.

Address, 813 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 19443 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Morningstar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 106. Hanover St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem

Date of Burial, July 13 1881

Undertaker, Julius Koehler

Place of Business, Same, *Address,* 146 Hanover

Theodore Cook M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1194444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1194444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Fitzgerald

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 78 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 187 Lee St

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 13rd 1881

J. C. Burch M. D.
Medical Attendant.

Undertaker, Armstrong & Davis

Place of Business, 263 Lexington *Address,* 15 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49145

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. White

Sex, Male or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Collector

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number} 100 N. Gilmor St

Cause of Death {First, (Primary,) Diarhoea Acute

{Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial Baltimore cemetery

Date of Burial, July 14th 1881

John Neff M. D.
Medical Attendant.

Undertaker, Chas B. Lewis

Place of Business, No 707 W. Baltimore Street *Address,* 304 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49446

Office of Registrar of Vital Statistics.

The Physician who attended any ~~person in a last illness~~ is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~person~~, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Garfield Ward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 S Stricker St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th 1881

Undertaker, Wm H Cook

Place of Business, No 707 W Baltimore Street, *Address,*

M L Keyser M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Mark

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 42 South Carrollton avenue

Cause of Death First, (Primary,) Chronic Duodenitis

Second, (Immediate,) softening of mucous membrane several months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 14th 1891

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, Jno B. Leath

Place of Business, 1702 N Baltimore st Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 49448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S. Brown

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 10. *Months,* 14 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 S. Calhoun St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, Four (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 13th 1881

Undertaker, Hos B Cook

Place of Business, No 707 N Baltimore Street *Address,* 58 W Fayette St

I. G. Smithcam M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July - 12 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Mason

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 8 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 7 Whatcoat St

Cause of Death First, (Primary,) Cholera Infant

Second, (Immediate,) Convulsions

Duration of last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, La Mriel Cemetery

Date of Burial, July 13

W. A. B. Dillman M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 249 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49450

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Campbell Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 399 Chase st.

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto, Cemetery

Date of Burial, July 13th 1881

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay st.

Geo A. Hartman M.D.,
Medical Attendant.

Address, 305 N Caroline st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4945

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Editto Lockwood Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 209 Maryland Ave

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 13th, 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Augustus W. Dodd, M.D.,
Medical Attendant.

Address, 201 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49452

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thompson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 207 Bank St.

Cause of Death, First, (Primary.) Disease of Heart. Hypertrophy followed by dilatation & mitral insufficiency

Second, (Immediate.) dropsy & asthenia

Duration of Last Sickness, Confined two months. actual duration of primary disease nearly 30 years.

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, July 15th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Keppler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Ten (10) *Years,* Five (5) *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, Nine (9) Years

Place of Death, {Give street and number.} 2017 Broadway

Cause of Death, First, (Primary.) Traumatism (Toy pistol)

Second, (Immediate.) Tetanus.

Duration of Last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Thursday July 14th 1881

C. W. Hoen *M.D.,*
Medical Attendant.

Undertaker, J. H. Hearer & Co

Place of Business, 22 W. Fayette St *Address,* 424 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49454

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Louise Walbridge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and number.} Mother Asylum - Prattt

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, July 13 - 1881

Undertaker, Jno S Mackey

Place of Business, 150 S Paca St

James Steuart M.D.,
Commissioner of Health
Address, Ex Officio Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by John E Sanders

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49455

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 E Balto St

Cause of Death, First, (Primary.) 2. Phthisis Pulmonalis

Second, (Immediate.) 3

Duration of Last Sickness, abt 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Batt Cemetery

Date of Burial, July 14 1881

Chas W. Wright M.D.,
Medical Attendant.

Undertaker, James & Byrne

Place of Business, No 63 N Broadway *Address,* 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49456

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant McNamara

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ ~~Months,~~ 4 hours ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 215 N. Dallas St

Cause of Death, First, (Primary.) Congenital Malformation (Heart Lesion)

Second, (Immediate.) —

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 13, 1881

Undertaker, Henry Hoen

Place of Business, 389 Central Ave

S. Wilson M.D.,
Medical Attendant.

Address, 474 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Months

Place of Death, {Give street and number.} 76 Melvine Alley

Cause of Death, First, (Primary.) Cerebral Meningitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4. days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co, Md

Date of Burial, July 14th 1881

Undertaker, Wm Mearns

Place of Business, No 202 N. Eutaw St *Address,* 14 Hill St.

L. A. Dyer M.D.

L. A. Dyer M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49458.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Addesair

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number. } 11 Clarkson's alley

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mark st Cemetary

Date of Burial, July 14

Undertaker, G. W. Perkins & Co

Place of Business, 30 Henrietta st *Address,* 206 Shaft st

W. S. Booze M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10" 01.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Young.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 104 Cider Alley.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number} 104 Cider alley —

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Hemorrhage —

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 14

Undertaker, G.W. Perkins & Co.

Place of Business, 130 Hanover St. *Address,* 106 Columbia Ave

A. J. Watts. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49460

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Clifton Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 337 Aisquith

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, July 14th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. Jaiserl

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 27 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle Syd

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 93 N Calvert St

Cause of Death { First, (Primary,) Scarlet Inf
Second, (Immediate,) Cer Nephritis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, July 13 81

Undertaker, Jas A Tees

Place of Business, 63 Hanover St *Address,* 23 Lexington St

of H Lattimore *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49462 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. Müller

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 52 *Years* 3 *Months,* 8 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number.} NE 6 Portland st.

Cause of Death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle

C. L. Paddock M.D.,

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49463

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other person~~ superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Hetzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 221 N. Wolfe St.

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.)

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 15th 1881

Undertaker, Adam Finck

Place of Business, 461 N. Gay St., *Address,* 347 N. Broadway

W. B. White, M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy... respectfully invited to the Rules... to be observed in filling up this Certificate.

Board of Health, City of Baltimore,

Permit No. 494624 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow. or Widower, {Cross out the word not required in this line.} .....

Occupation, Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 128 N. Durham St

Cause of death, First, (Primary,) Diphtheritis,

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1881

Undertaker, Thos J Lopas

Place of Business, 413 Jefferson St

Geo H Dougherty M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49465

The Physician who attended ~~any person in a last~~ illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Scott

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn A. A. Co.

Duration of Residence in the City of Baltimore, One week.

Place of Death, {Give street and number} No. 15-0 Vine St.

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Exaustion.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 14 1881

Undertaker, Geo. H. Enders Marsden

Place of Business, 116 Saratoga st

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 9 4 4 66

The Physician who attended any person in a last illness is responsible ~~for the presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. E. Blenchell

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 21 *Years,* 2 *Months,* 17. *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 37 Mulberry St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial, July 15th 1881.

Undertaker, P. Kummel

Place of Business, Mulberry St

John L. L. Kloz. M.D.
Medical Attendant.

Address 273 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49467

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Leopold Sieglein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~1~~ Years, 1 3 Months, 1 6 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Bruce St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Hydrocephalus (Pf Burnias)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 15th 1881

Undertaker, P. Kummel

Place of Business,

Louis Chs Horn M.D.,
Medical Attendant.

Address, 226 Saulsbury St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below. [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 49468 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida B Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 146 Church st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Phthisis

Duration of Last Sickness, 8 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 17th 1881

Undertaker, G F Krause

Place of Business, ...

Theodore Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49469 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 172 Eastern Ave.

Cause of death, First, (Primary,) Puerperal Hemorrhage

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. G. L. Winters M. D.,

Date of Burial, July 15th

Undertaker, Wendel Tippel

Place of Business, 1. Bond st. 151 Medical Attendant. *Address,* 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49470

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1887 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 — *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wood-Worker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} County Wharf foot of Broadway

Cause of Death, First, (Primary.) Suicide by Drowning (Supposed)

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 14th

Undertaker, Wm. Tippet

Place of Business, 1, Bond st. 151

Chas M. Morfit M.D.,
Coroner E.D. ~~Medical Attendant.~~

Address, 67 E. Balto Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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No. 49471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jacob

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery and Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 14

Undertaker, E. H. Blizzard

Place of Business, 201 E. Lanvale

C. F. Brun M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Brown

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, about thirty six *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} near Frederick in Frederick County

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 57 Little Monument St

Cause of Death, First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, About - four weeks

All the above information should be furnished by the Physician.

Place of Burial, Fredrick MD

Date of Burial, July 14

Undertaker, C P Blizzard

Place of Business, 220 Penn

William J Hole M. D.
Medical Attendant.

Address 93 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 11474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Hoy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, sixty five *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, watchman at Mount Olive dept

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll county Md

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number} 716 Lexington st Balt

Cause of Death First, (Primary,) Some Paralysis

Second, (Immediate,) Paralysis

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 14th 1881

Undertaker, Jos R Leech

Place of Business, No 707 N Baltimore Street *Address,* 64 N Paca St Balt

M Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 49474

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Potts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty four *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Gun shot wounds.

Second, (Immediate.) Peritonitis & Haemorrhage.

Duration of Last Sickness, Sixty one hours

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, July 14

Undertaker, H Ross

Place of Business, 95 Bond St

E Gkett *M.D.,*

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 19475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. B. Uniack

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 114 N. Carrollton Ave.

Cause of Death, First, (Primary,) Injury to right hand on July 4th by a toy pistol

Second, (Immediate,) Traumatic Tetanus on 7th day after injury

Duration of last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, July 13

Undertaker, Meeth & Shield

Place of Business, 60 N Carrollton ave

A. H. Lasbe M.D. Consulting Physician

Alan P. Smith M. D.

Medical Attendant. John Neff.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49476

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Adley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 Years, *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chestertown

Duration of Residence in the City of Baltimore, Since boyhood

Place of Death, {Give street and number.} No 3 Lewis

Cause of Death, First, (Primary.) Hepatitis

Second, (Immediate.)

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1881

Undertaker, Wm H. Dwyer

Place of Business, No 62 East Lee

W W Shih, M.D.,
Medical Attendant.

Address, 747 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19477

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jackson McGuire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 112 Spring St

Cause of Death, First, (Primary.) Blood trouble

Second, (Immediate.) Convulsions

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Milton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

49478

Board of Health, City of Baltimore,

Permit No. 49478 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Barns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color col

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Little McElderry n 45

Cause of Death, First, (Primary.)

Second, (Immediate.) Suddenly of heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15 1881

Undertaker, S W Chase

Place of Business, 198 S Howard St

E C Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49479

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Penn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color, B *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmore alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~No 5 Wilmore alley~~ Pear alley

Cause of Death, First (Primary,) Parotitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharsh Cemetery William Lee M. D.

Date of Burial, July 15 1884 Medical Attendant.

Undertaker, J S W Chase

Place of Business, 198 Howard st *Address* Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 49480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49480

The Physician who attended any ~~person in a last~~ illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Samuel Adams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 120 Tyson Street

Cause of Death, First, (Primary,) Intemperance in eating

Second, (Immediate,) Cholera Morbus

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15-1881

Undertaker, H M Chase

Place of Business, 198 Hanover st

Edmund R Walker M. D.
Medical Attendant.

Address, Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49484 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of ~~law~~.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Rebecca Stevens~~ July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Stevens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 Lee st.

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mar. 1st Cemetery

Date of Burial, July 14th 1881

Undertaker, Sam'l H. Chase

Place of Business, 198 S. Howard st

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Scott

~~Sex, Male or Female.~~ {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 10 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 216 Dover St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 14th 1881

Undertaker, Wm. W. Chase

Place of Business, No. 198 S. Howard St.

A. McShane M.D.,
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] to the Rules and Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49483 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1897 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 13-1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 201 E. Madison St

Cause of death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 97

Undertaker, Charles A. White

Place of Business, 108 Orleans St

Geo. H. Boyer M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49484 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementine Elmer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 206 N. Howard St

Cause of Death, First, (Primary.) A.S. Apy

Second, (Immediate.) Cholera Morbus.

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 15 to 1881

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address,* 169 N. Caroline St

Edward P. Wilson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49485

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Anderson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, col

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Launders

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pensylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Grove st No 11

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 8 Months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 15th

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office [illegible], Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49486

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Green Crop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 432 E Chase

Cause of Death, First, (Primary.) Accidentally crushed by cart against gate

Second, (Immediate.) Internal Injuries

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th

Undertaker, Wm. H. Pickerman

Place of Business, 234 E. Gay St.

Edmund R Walker M.D.,

~~Medical Attendant.~~

Address, Coroners M D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, during Office Hours, Monday, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W. Smith Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10th & Monument St

Cause of Death, First, (Primary.) Hooping Cough

Second, (Immediate.) Diarrhea, Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 14th

Undertaker, H. C. Whitefield

Place of Business, 90 Greenmount Av

Jos. A. Reynolds M.D., Medical Attendant.

Address, Cor 10th & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

17

Permits for Burials, to the Office where issued, [illegible]

No. 49488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antoni Lavicka

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} No 1 Abbott St

Cause of Death First, (Primary,) Sun Stroke.

Second, (Immediate,) Congestion 7 hours

Duration of last Sickness, //

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, July 15th 1881

Undertaker, Adam Link

Place of Business, N. Bay St

E. J. Janney M. D.
Medical Attendant.

Address, Baltimore Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...CLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24,184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Carter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* Ten *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Rose St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14 1881

Undertaker, Hemsley and Chandler

Place of Business, 111 Pitt and 37

A. J. Bell M. D.
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Russy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} # 3 Shakspeare St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 15th

Undertaker, Wendel Bisset

Place of Business, S. Bond st. 15

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49491

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty~~ of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Arthur Rosan,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 115 Jefferson St

Cause of Death, First, (Primary.)

Second, (Immediate.) Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 15 11 1881

Undertaker, James O. Byrne

Place of Business, No 63 N Front St

J. W. Hook M.D.,
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued. Sexton [illegible]

No. 49492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jared Parkhurst

Sex, Male or Female, { cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Vermont

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 113 McCulloh St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Old age

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 15th 1881

Undertaker, Jno H Weaver & Co

Place of Business, 422 West Fayette St *Address,* 73 Franklin

C H Latimer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...s, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is ...rks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49493

Office of Registrar of Vital Statistics.

~~The Physician who attended~~ any person in a last illness ~~is responsible for the presentation~~ of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Edna Ray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} 345 E. Bond St.

Cause of Death, First, (Primary.) Malignant

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 15th 1881

Undertaker, Fry & Bro.

Place of Business, E. Baltimore

C. J. W. Hanck M.D.,
Medical Attendant.

Address, 33 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Saturday of each week. 49494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Singer

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 30 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 12 Harrison Lane

Cause of Death, { First (Primary,) } Typhoid Fever

{ Second (Immediate) } Stomach & Intestines

Duration of Last Sickness, Short time

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 15th of July

Undertaker, P. Lummer

Place of Business, 317 Mulberry St

John L. K. Shaw M.D.

~~Medical Attendant.~~

Address, 273 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

each week.

No. 49495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Caldwell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 15 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 15 mos.

Place of Death, {Give street and number} No 296 Mulberry St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, 16th July

Undertaker, Kinnamon

Place of Business, 317 Mulberry St

H. L. Shaw M. D.
Medical Attendant.

Address, 357 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

week.

The Special Attention of Physicians is Respectfully ... below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49496

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 16 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 57

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 16th 1891

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 49497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Polder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Three (3) *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 14 Hanover St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 16th 1881

Undertaker, Adam Fink

Place of Business, 46 N. Gay St.

[illegible] M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ... of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 49498 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Dickerson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 21 *Years,* — *Months,* —

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fred Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 288 Cross st

Cause of death, First, (Primary,) Uremia

Second, (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 15th 1881

Undertaker, Julius Koehler

Place of Business, Sharpe Cross St *Address,* 146 Hanover St

Hendrix Coale M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1915 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14. 4/1 m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 89 *Years,* 6 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germani

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 154 E Lombard

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvert Cem

Date of Burial, 16th July

Undertaker, Fred Forde

Place of Business, 29 S Carrollton Ave

John J Fitzer M. D.
Medical Attendant.

Address, 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

...ORE PRINTERS AND STATIONERS.

...of Physicians is respect... ...marks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

...dit No. 49500

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

...de of Death, 14 1881 July

...ll Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Chesley

..., Male or Female, {Cross out the word not required in this line.}

..., Years, Months, 6 Days

...lor, Colard

...rried, Single, Widow or Widower, {Cross out the word not required in this line.}

...cupation, Non

...thplace, {State or Country and how long in the United States, if of foreign birth.} No 24. Morris ally

...ration of Residence in the City of Baltimore, Left Tim

...ace of Death, {Give street and number.} No 24 Morris ally

...use of Death, First, (Primary.) Fits

Second, (Immediate.) Convulsions Epsmi

...ration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

...ace of Burial, Laurel Cem

...te of Burial, July 15th 1881

...Undertaker, Chas. T. Semmes

...Place of Business, 271 N Eutaw Address, No 36 Davis

J. Monk M.D.,
Medical Attendant.

...act from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ...e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...in forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...e same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...e and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, — *Years,* — *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1238 Broadway

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Premature Birth.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 15th 1881

E W Elam M. D.
Medical Attendant.

Undertaker, Elisha Lee

Place of Business, 1786 Bank St *Address,* 107 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate [illegible] as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the deceased, the cause and date of death, except in cases of illegitimate children.

[illegible] PRINTERS AND STATIONERS.

[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Edward Green

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 30 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 20 Vincent alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) —

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, July 15th 1881

Undertaker, Wm H Dunga

Place of Business, No 62 East st

J W D Jordan M. D.
Medical Attendant.

Address 126 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 49503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a ~~last illness~~ is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } R. Williams Sauns

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, 27 *Years,* 6 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Brickmaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 94 Parsons St.

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Diarrhoea

Duration of last Sickness, about Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 15th 1881

Undertaker, Jas. H. Cook

Place of Business, No. 707 W. Baltimore

H. R. Fetterhoff M. D.
Medical Attendant.

Address, 705 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, color, age, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49504 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sullivan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Congestion of Brain Acute

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, July 16th 1881

Undertaker, Geo B Cook

Place of Business, No 707 N Baltimore Street *Address,* University Hospital

West *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49505 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, XXX

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 130 Eastern Avenue

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.)

Duration of Last Sickness, Several day - visited it once -

All the above information should be furnished by the Physician.

Place of Burial, Schwartzer Cemetery

Date of Burial, July 15th

Undertaker, Michael Funk

Place of Business, Nos 35 Bank

James E Smith M.D.,
Medical Attendant.

Address, 296 Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49506 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stetler,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 29 *Years,* — *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single,

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} # 2 Hammond Alley,

Cause of Death, First, (Primary.) Cholera Morbus,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 48 Hours,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 15

Undertaker, H Dryer

Place of Business, 1 Bond St

J. J. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 19507

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Foxman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Granby St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, all to Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 16 1881

Undertaker, Wm Schnepf

Place of Business, ~~_____~~

James Hollen M.D.,
~~Medical Attendant.~~
Comm of Health
& Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Geo E. Taylor

Permit No. 49508

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myra Gray Leffner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 1 Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, B

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 175 Jefferson St.

Cause of Death,
First, (Primary.) Extreme Heat
Second, (Immediate.) Congestion of the brain with Teething

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 15th 1881

Milton S Taylor M.D.,
Medical Attendant.

Undertaker, Zachary Mitchell

Place of Business, 5308 W Fayette St *Address,* Broadway & Inc Eldon

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49509

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Christopher

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, C

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 30 Short Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, July 15-1881

Undertaker, Decoursey Mitchell

Place of Business, 530 W Fayette St

Saml L Powell M.D.,
Medical Attendant.

Address, No 29 Lisburn St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lucas Worthington

Sex, Male ~~or Female~~, {Cross out the [redacted] not required.}

Age, 23 *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer U. S. Navy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 22 N. Calhoun St.

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Hemorrhage from Lungs & Haemorrhagic Pneumonia

Duration of Last Sickness, more than one year

All the above information should be furnished by the Physician.

Place of Burial, Annapolis A. A. Co. Md S. C. Church

Date of Burial, July 16th 1881

M. D.
Medical Attendant.

Undertaker, Delany & Mitchell

Place of Business, 556 W. Fayette St. *Address* 1411 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2256 Harvest

[OVER.

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

4911

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Streetzp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 298 S Chas

Cause of death, First, (Primary,) Heat

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, 6. hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 16

Undertaker, Henry Brice

Place of Business, Hanover St 81

Theodore Cook M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nagal McElroy

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 77 Elliott St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Inanation

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 15 1881

J E Pritchard M. D.
Medical Attendant.

Undertaker, Abram Hayman

Place of Business, #13 Saratoga St *Address,* 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

...J. G. ...TERS AND STATIONERS. [OVER.]

Bureau of Vital Statistics, City of Baltimore,

Permit No. 49513 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elba Arabella Raymond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* ½ *Days*

Color, wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Cathedral St extended

Cause of Death, First, (Primary.) Prolonged labor.

Second, (Immediate.)

Duration of Last Sickness, ½ day. child died 9 hours after birth.

All the above information should be furnished by the Physician.

Place of Burial, Hampden Cem

Date of Burial, July 15th 1881

Undertaker, Chas. J. Lemmon

Place of Business, 271 W Eutaw

Clara Tarrytice M.D.,
Medical Attendant.

Address, 129 W Biddle.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49514

[illegible], City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the ~~City of Baltimore~~ by [illegible] 5 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Spasm

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 16. 1881

Undertaker, Jos Bramingham

Place of Business, 156 Division St.

Anthony Brewer **M.D.,**
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph I McClellan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 3 mos. 13 da.

Place of Death, {Give street and number.} 69 N Calvert

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) "

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brae

Date of Burial, July 15th 1881

Undertaker, M. Clarkinson.

Place of Business, No 6 E Balt St *Address,* 143 N Chas

J W Thomas M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Health, City of Baltimore,

Permit No. 49516 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Thurlow

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 135 S. Ann St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer of the Stomach,

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetary

Date of Burial, July 16th 1881

Nicholas L. Dashiell, M.D., Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALT MORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cochran Jr

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 71 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Superintendent Special Agency P. Office Department Washington.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} near Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, Forty six years

Place of Death, {Give street and number.} 327 Druid Hill avenue.

Cause of Death, First (Primary,) Cerebral Hamorrhage.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 17th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

H H Tyson M. D.
Medical Attendant.

Address, No. 16 N. Liberty St

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Frederike Emma Heinze

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 17 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all Life

Place of Death, {Give street and number.} W Pratt Street 393

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Collapse. Paralysis of Heart

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17 July 1881

Undertaker, George Leimbach

Place of Business, W Pratt 389

A. F. Preinkert M. D.
Medical Attendant.

Address, 224 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47,875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

Date of Death, July 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If illegitimate, not named, give names of parents.} Lottie Carrick.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 11 *Years,* 7 *Months,* 14 *Days.*

Color, White.

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 469 E. Fayette St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 16th 1881

Undertaker, Denny & Mitchell

Place of Business, 615 Broadway

Jno F. Powell. M.D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Over

...City of Baltimore.

Permit No. 49520 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Betsy Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bullo Co Md

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and number.} 36 Josephine St

Cause of Death, First, (Primary.) Worthless

Second, (Immediate.) " "

Duration of Last Sickness, Has been debilitated a long while

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 15th July

Undertaker, Mr: F. F. Namuth

Place of Business, Pratt & Lott No 39

Thos Ofris M.D.,

Address, 39 N Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49521

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49521 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hill (Father)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 6 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Moore's alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness, Life Little

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, July 15th 1881

Undertaker, Henry T. Miller

Place of Business,

James A Steen M.D.,
~~Medical Attendant.~~
Comm of Health
Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by B. D. S.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49522 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hennessey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 11 *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Harmony Lane

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shars St. Cemetery

Date of Burial, July 16th 1881

Undertaker, Saml W. Chase

Place of Business, Howard St

James A Steuart M.D.,

Medical Attendant

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by, D. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Welch

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 135 N. Dan[illegible] St. Infirmary Hospital

Cause of Death {First, (Primary,) ..... Second, (Immediate,) .....}

Duration of last Sickness, 2 days

(All the above information should be furnished by the Physician.)

Place of Burial, St Peters Cemetery

Date of Burial, July 15th 1881

Undertaker, Geo B Root

Place of Business No 707 W Baltimore Street

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. DELANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49524

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49524 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Freeman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 14/81

Undertaker, D. A. Kechner

Place of Business, 50 S. Carrollton Ave. *Address,* University Hospital

F. West *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida V. High

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 1/4 *Months,* ~~Days.~~

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 Lemmon Ct

Cause of Death, First, (Primary.) Entero Colitis

Second, (Immediate,)

Duration of last Sickness, 3 or 4 ds

All the above information should be furnished by the Physician.

Place of Burial, St Joseph cemetery grave yard on Frankford road

Date of Burial, July 16 1881

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, 1070 W Baltimore Street

Address, 642 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward McClintock

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Whit

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal. Nutrition

Second, (Immediate,) ____

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 15th

Undertaker, C. H. Blizzard

Place of Business, 201 Penna ave *Address,* ____

G. F. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Krebs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 212 E. Chase street.

Cause of Death, First (Primary,) Entero Colitis

Second (Immediate,)

Duration of Last Sickness, About one week. I saw him once

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, July 15, 1881

Undertaker, Henry Hook

Place of Business, 389 Central Ave

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th. July 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Heinrich Ries

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~ *Years,* 16 *Months,* ~ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, { Give street and number } Johnstreet 419.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Hollyhoonsus Cem

Date of Burial, July 16, 1881

William Henkel M. D.
Medical Attendant.

Undertaker, Henry Hoeft

Place of Business, 309 Caroline

Address, S. Wolfe & Wk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 49529

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

49529

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* ✓ *Days.*

Color, wht

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 252 Park ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) (cerebral effusion)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem *Date of Burial,* July 16th 1881

G Lane Dannehie *M.D.,*

Medical Attendant.

Undertaker, Chas. T. Deuver

Place of Business, 271 W Eutaw St *Address,* 129 N. Biddle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

49530

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelia Linden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 11 East Pleasant

Cause of Death, First, (Primary.) Cholera infantum.

Second, (Immediate.) convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15th 1881

Undertaker, Wm. M. Duncan

Place of Business, 1062 East-st

Edmund P. Dudley, M.D.,
Medical Attendant.

Address, 16 E. Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Wisnesk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, two *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number} 65 Prederick ave

Cause of Death {First, (Primary,) Intestinis

{Second, (Immediate,)

Duration of last Sickness, Several days, (have been at nursery

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, July 15th 1881

Undertaker, H Clay Sauder

Place of Business, 252 Canton ave *Address,* 125 Eden st

L D Mutermilch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Hagger

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 4 Years, 6 Months, ... Days.

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 35-2 N. Stricker

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, July 16

Undertaker, Jos B Cook

Place of Business, 707 W. Balto St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49583

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Millen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number.} No 87. Eden, Cor Mulliken st.

Cause of Death, First, (Primary.) Disease of the Mitral Valve.

Second, (Immediate.) Paralysis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtr.

Date of Burial, July 16 Th 1881

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St.

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ease refer to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Cohen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 15 S. Gay St.

Cause of Death, First, (Primary,) Tetanus - following a wound from a ...

Second, (Immediate,) asthenia

Duration of last Sickness, about 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Chebe Shalom Cemetery

Date of Burial, July 17th 1881 D. Theil M. D.

Undertaker, Wm Eilau Medical Attendant.

Place of Business, 101 Gough St. *Address,* my consulting phy. was Adam D. Smith 319 N. St. Paul St. 142 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49535

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Born and since June 6th-

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 17 Port Street

Cause of Death, First, (Primary.) Retained Inflammation

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, July 16th 81

Undertaker, M. Frazer

Place of Business, 280 Canton Ave

E. J. Hillman *M.D.,*

Medical Attendant.

Address, 17 Patterson Pk

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49536

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 17 1891 BALTIMORE

Date of Death, July 13th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Crosson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, N

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, C

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 3 Eliza Lane

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, July 16th 1891

Undertaker, Owen Crosson

Place of Business, (Father)

Chas H Corfit M.D.,
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 17 1881 BALTIMORE

49587

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caspar Eckhardt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Baker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baden Germany

Duration of Residence in the City of Baltimore, Died here

Place of Death, { Give street and number. } 269 Canton Ave

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sol Paulus Cemetery

Date of Burial, July 16th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,*

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew B. White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} # 205 Hanover St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions -

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, July 17th 1881

Undertaker, C. F. Krauze

Place of Business,

L. A. Beee *M.D.,*

Medical Attendant.

Address, 161 E. Shar[illegible] St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49539

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 "1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. B. & Lottie Perkins (Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Douglas St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 "1881

Undertaker, A. Waymack

Place of Business, Saratoga St.

James H. Chenoweth M.D.,
~~Medical Attendant~~

Comm of Health

Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos. P. Smith

Ward 14

...attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 17 1881 BALTIMORE

49540

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Groth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirteen *Years,* ~~Eight~~ *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Tailoring

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number.} No 40 Diamond St

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, Sick nine Days - Medical attention two Days prior

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th 1881

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

L. B. Pacetti M. D.,
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

4954

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lou. S. Foxwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, ~~Child~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~1~~

Place of Death, {Give street and number.} 462 Hamburg St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 16 81

Undertaker, Anthony & Denny

Place of Business, N 263 Lombard

C. B. Noble M.D.,
Medical Attendant.

Address, 57 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rufus King

Sex, Male ~~or Female~~, {cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 5 Plum Alley.

Cause of Death { First, (Primary,) Tetanus neonatorum
Second, (Immediate,) Insanition

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 16th 81

Undertaker, Geo. H. Perkins

Place of Business, 134 Henrietta st

Wm Gombel M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49543 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 16 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Priestjahn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 30 N Howard St

Cause of Death, First, (Primary.) Mouth ~~of Lip~~ palmus cruentus [illegible] Cystitis

Second, (Immediate.) Tetanus.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, 17th July

Undertaker, John Reifel

Place of Business, 96 W Balto St

W G Caspari M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Statistics. Ward ...

...Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...equested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

49544

CERTIFICATE OF DEATH

...ate of Death, July 16th 1881

...ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Powers

...ex, Male or Female, {Cross out the word not required in this line.} Female

...ge, ... Years, 2 Months, 14 Days.

...olor, White

...Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

...ccupation, ...

...irthplace, {State or country, and how long in the United States, if of foreign birth.} D C

...uration of Residence in the City of Baltimore, Since birth

...lace of Death, {Give street and number.} 232 Canton Av.

...ause of death, First, (Primary,) Marasmus - Diarrhoea

Second, (Immediate,) Cathenia

...uration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

...lace of Burial, Greenmount Cem.

...ate of Burial, July 17th 1881

Undertaker, Henry Sander

Place of Business, 232 Canton Av. Address, 77 So. Broadway.

G L Watkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...thin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...use and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Jno Riley

Sex, ~~Male or Female~~, {Cross out the words not required in this line.} Female

Age, ... *Years,* 6 *Months,* 24 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Federal St

Cause of Death, {First (Primary.) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Wm. T. Latimer M.D.

Medical Attendant.

Place of Burial, Baltimore Co.

Date of Burial, July 17th 1881.

Undertaker, Chas. T. Scriven

Place of Business, 2211 Eutaw St

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

49546

CERTIFICATE OF DEATH.

Date of Death, Friday July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, Twelve (12) Years

Place of Death, {Give street and number.} No. 21 Hampstead St.

Cause of death, First, (Primary,) Mitral Regurgitation

Second, (Immediate,) Syncope

Duration of Last Sickness, Once Year — about —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1881

Undertaker, Thos J Locke

Place of Business, 473 Jefferson

Geo H. Dayles M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49547

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah Jane Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, fifty Eight *Years,* *Months,* *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Nurse.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 16 N. Howard St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Asthma.

Duration of Last Sickness, two Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1881

Undertaker, Chas. Looby

Place of Business, 472 Jefferson St

Geo. W. Bachman

Wm. D. W. Cathell M.D.,

Medical Attendant.

Address, 161 Fairmount Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 15th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ 7 *Months,* 7 *Days.*

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 145 Pierce St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Dentition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 1881

Undertaker, Cemetery & Madden

Place of Business, ~~No~~ 116 Eutaw St

Louis C. Horn **M.D.,**
Medical Attendant.

Address, 220 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49549

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Massachusetts.

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, {Give street and number.} 126 S. Ann St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid fever

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 1 Fairmount Ave

Geo. H. Buchman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andrew Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number} No 30 Arlington ave.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 17th

Undertaker, P Kummert

Place of Business, 317 Mulberry st

H. Dennis Jones M. D.
Medical Attendant.

Address, 561 W Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49537

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1881 BALT'MORE

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Jantzen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 14

Place of Death, {Give street and number.} 31 Warren Ave.

Cause of death, First, (Primary,) Shot with toy pistol.

Second, (Immediate,) Lock jaw.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 16 1881

Undertaker, B. Harle

Place of Business, 82 West St.

R. H. Ellis M. D.,
Medical Attendant.

Address, 313 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and not later, if requested so to do, under penalty of law.

49552 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L. Dalsun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 Aliceanna

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Stomach

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, July 2nd /81

Undertaker, F. N. Doll

Place of Business, 131 Hanover St.

G. L. Keating M.D.,
Medical Attendant.

Address, 21 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

49553

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James. M. Truex

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 12. *Years,* 3, *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 18 S. Greenmount Ave

Cause of Death, First, (Primary.) Tetanus.

Second, (Immediate.) Tetanus.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 17th

Undertaker, H. A. Weidefeld

Place of Business, 9 & Greenmount Ave *Address,* Fairmount & Loc

Geo. H. Bateman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

4354

Permit No. [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4354

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Boone Hamilton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* 6 *Months,* 7 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~27~~ Prince George

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 80 Paca St

Cause of Death {First, (Primary,) Cerebral Apoplexy

Second, (Immediate,) 1 D

Duration of last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Landing

Date of Burial, July 18th 1881

Undertaker, John Maehen

Place of Business, No 150 Lamb *Address,* 76 Paca

J H Bunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

4368 Frank

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49555

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 85 Pine

Cause of Death, First, (Primary.) Heat prostration

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, July 17th 1881

Undertaker, Wm. H. Chase

Place of Business, 198 E Howard St

Edwd K Walker M.D.,
~~Medical Attendant~~

Address, Coroner M P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 16 1887 BALTIMORE

49556

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 14, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliza Jones

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Negro

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } ✓

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Harmony Lane

Duration of Residence in the City of Baltimore, 8

Place of Death, { Give street and number. } Harmony Lane

Cause of Death, First, (Primary.) Abscess of Throat

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 16 1887

Undertaker, S. Wehrase

Place of Business, 196 Howard St

W. B. Campbell M.D.,
Medical Attendant.

Address, Balto General Dispy

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No 4935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Coggins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Brown Stein

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 16 1881

Undertaker, S. McChase

Place of Business, 198 Howard St

T. J. Ward M.D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49558

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE.

Date of Death, July 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Mitchel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 164. S. Howard St.

Cause of Death, First, (Primary.) Lumbago Sciatica

Second, (Immediate.) Emaciation and Debilitation

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1881

Undertaker, Jno. W. Chase

Place of Business, 198 S. Howard st *Address,* 146. Hill St.

L. D. Dyer

M.D.,

Medical Attendant.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory Hoeford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter in a store

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, don't know 45 years.

Place of Death, {Give street and number} 51 St Mary st

Cause of Death { First, (Primary,) Heart Dis
Second, (Immediate,)

Duration of last Sickness, 4 or 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 17th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry Street

R. Shuster M. D.
Medical Attendant.

Address, 206 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...City of Baltimore,

Permit No. 49560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if ~~requested so to do, under~~ penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Neuman

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Street 180

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 16th/81

Undertaker, Peter Kinnamark

Place of Business, 317 Madison St

Dr. C. Reinhard M.D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ype of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49561

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Foeller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Paper hanger

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Asthenia

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Cemetery

Date of Burial, July 17th 1881

Undertaker, H Schultheis

Place of Business, ~~Home~~

D J Cronin M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49562 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gabriel Nelson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor, On Bark Chas Columbus

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Norway

Duration of Residence in the City of Baltimore, July 11th 1881

Place of Death, { Give street and number. } Patapsco River Opposite Canton Wharf of Coal Pile Co. Store 1 Locust Point.

Cause of Death, First, (Primary.) —

Second, (Immediate.) Accidently drowned

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, July 16. 1881

Undertaker, H. A. Dayer

Place of Business, 94 S. Broadway

Sam'l A. Bell *M.D.,*

~~Medical Attendant.~~ Coroner

Address, 161 So Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hillen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 980 Bethel st

Cause of Death, First, (Primary,) Parenchymatous Nephritis

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by ~~the Physician~~.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1889

Jas C Bevan M. D.
Medical Attendant.

Undertaker, John W Chase

Place of Business, 198 South Howard *Address,* 1 S Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 19564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Baltimore Lewis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years.* Nine *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 577 Saratoga St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 17th 1881

Undertaker, Joseph Cook

Place of Business, 707 West Pattimore Street

A. C. Fox M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Engelke

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany / 40 yrs in U.S.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 370 E. Eager St

Cause of Death { First, (Primary,) ——— / Second, (Immediate,) Consumption

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 17th/81

Undertaker, W. Holtke

Place of Business, Central Ave & Eager & Exeter Sts

Silas M Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Cushman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 70½ Greenmount Ave

Cause of Death { First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum & Congestion of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetery

Date of Burial, July 17th

Silas H. Hamlin M. D.
Medical Attendant.

{ *Undertaker,* H C Woodyard

{ *Place of Business,* 90 Greenmount Ave *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49567

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham & Strauss
Infante

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Jefferson St

Cause of Death, {First (Primary,) by falling down into a cellar causing} {Second (Immediate,) internal injuries

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden & Hebrew Cemetery

Date of Burial, July 17th 1881

Undertaker, Chas. Silver

Place of Business, 181 Gough St

C. F. Strassburger M. D.
Medical Attendant.

Address 1145 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 BALTIMORE

Date of Death, July 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schaeb

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. W. Cor Clem & Chester Sts

Cause of Death First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, I Aloysius Cemetery

Date of Burial, July 17

Undertaker, Kemble Bros

Place of Business, 1 Bond 157

J. Heleolleuberg M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Neumann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Schulzwright

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 7 years

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 66 Hartford Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion & Collapse

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, 18 July

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

S. Tobin M.D.,
Medical Attendant.

Address, 461 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49570 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 1[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Spanner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* 27 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 130 Carrollton Avenue

Cause of Death. First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

Duration of Last Sickness, Two & half years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, July 17 1881

Undertaker, Henry Stocks

Place of Business, 983 N. Eutaw *Address,*

J. Clarke M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49591

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Martin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* one *Months,* one *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto [redacted]

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Stockton al - Wood

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1881

Undertaker, William N Longan

Place of Business, No 62 East St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49572 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Turner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 Vincent Alley

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Stamp St. Cem'y

Date of Burial, July 17th 1881

Undertaker, W. H. Dunges

Place of Business, ———

Thos. F. Steuart M.D., Medical Attendant.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam Bur. Regs

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49573 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 16th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 130 So Bond St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, July 18th 1881

Undertaker, J. H. Seewald

Place of Business, 35 S. Eutaw St *Address,* 203 N. Gay

J. G. Hombe *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

49574 Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49574 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Clovis (Margaret Donlon)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, School Sister de Notre Dame

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hartford Conn

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} Convent de Notre Dame Seventh St.

Cause of Death, First, (Primary.) Consumption of

Second, (Immediate.) the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 17 of July

Undertaker, Adam Fink

Place of Business, 761 W Gay St *Address,*

John F. Commiskey M.D.,
" Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ...
if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

49575

CERTIFICATE OF DEATH.

Date of Death, July 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Rode

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 64 Years

Duration of Residence in the City of Baltimore, Hamburg St

Place of Death, {Give street and number.} 239

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, 17 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18

Undertaker, Henry Bowles

Place of Business, Hamilton St 81

Herbert Coe M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be liable if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49576

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1901 BALTIMORE

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gertrude Gordon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* 15 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 21 79

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1881

Undertaker, William H. Dugan

Place of Business, 62 East St

E. A. Balduris M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49577

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Conway,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va,

Duration of Residence in the City of Baltimore, 18 Years,

Place of Death, {Give street and number.} 81 McKeldin,

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17 1881

Undertaker, William A. Dugan

Place of Business, 62 East St

J. W. Chambers M.D.,
Medical Attendant.

Address, 208 N. Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

49578

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia L Tennant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 272 Harrod St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 17

Undertaker, H Ross

Place of Business, 25 Conway St

W S Bruce *M.D.,*
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49579

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] at, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D[illegible] JUL 16 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Dillard

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Fifty (50) *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Don't Know

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Organic Disease of Heart

Second (Immediate,) Cholera Morbus

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Public Cemetery

Date of Burial, July 16

Undertaker, Patrick Mullin

Place of Business,

Silas Baldwin M.D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 14

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Williams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, one year *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country. (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } No 5 Parrish alley

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, 16 July

Undertaker, J. F. Eichelberger

Place of Business, 341 Pine Ave

Chas. Warner M. D.
Medical Attendant.

Address, Steiker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. BALLANTYNE & SON, CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49581 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

49581 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Houck,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 20 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, three weeks

Place of Death, {Give street and number.} 401 S. Eutaw st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetry

Date of Burial, July 18 — —

Undertaker, B. Mark

Place of Business, 82 West Pratt *Address,* Cor St Paul & Madison

A. M. Belt M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

49582

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 17 1881 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, July 16th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Eckel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany abt 17 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Caulbridge St

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th 1881

Undertaker, H. & M. Gilmeyer

Place of Business, 341 Cantonst. *Address,* 69 E. Balto

Chas. M. Morfit M.D.,
Coroner E.D. ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

could not get pen & ink as was absent me being Sun-

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

49583

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dehn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* —— *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 185 Columbia Av.

Cause of Death, First, (Primary.) Gastro-Enteritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 7 hours

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

De Lancey H. Barclay M.D.,
Medical Attendant.

Address, 47 Cumay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... if requested so to do, under penalty of law.

49584

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Kuentz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 158 Eutaw St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th.

Undertaker, H. C. Gould

Place of Business, 131 Hanover St

A. Thurston Smith M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 49385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Coyle

Sex, Male or Female, {cross out the word not required in this line.} —

Age, — *Years,* 19 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 159 Fulton

Cause of Death { First, (Primary,) Diphtheritic Laryngitis
Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New cathedral cemetery

Date of Burial, July 18th 1881

Undertaker, Geo. B. Cook

Place of Business, No 707 N. Baltimore st

Edwd F. Michaelson M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 49586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ...*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jos F Nolte~~ Saturday, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos F Nolte

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 4 Calverton Road near Frederick Ave

Cause of Death First, (Primary,) Dentition with Entro Colitis

Second, (Immediate,) Convulsions

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 18th 1881

Undertaker, J B Cook

Place of Business, 707 W Pratt St

Wilmer Denton M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 19687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Meier.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, X *Years,* 5 *Months,* 26 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} USA.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} S.W. Corner Pratt & Gough Sts.

Cause of Death, First, (Primary,) (Over)

Second, (Immediate,) Convulsions

Duration of last Sickness, about 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, German Luth Cemet

Date of Burial, July 17th 1881

B. F. Leonard M. D.
Medical Attendant.

Undertaker, Telesha Coate

Place of Business, —

Address, 235 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

— Over. [OVER.]

Board of Health, City of Baltimore

Office of Registrar of Vital Sta...

Permit No. 49588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... ...ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... ...oner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 17 1881

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Freeman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, {Give street and number} 92 Plum Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Inanition

Duration of last Sickness, three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, July 17th 81

Undertaker, Geo. W. Perkins & Co

Place of Business, 130 Henrietta st

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49589

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Crusse,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty three *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover, Germany -

Duration of Residence in the City of Baltimore, Forty years -

Place of Death, {Give street and number.} No. 35 Cor. Cambridge & Windsor St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Paralysis.

Duration of Last Sickness, One year -

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Lawn

Date of Burial, July 18th 1881

Undertaker, J. Pickney Sander

Place of Business, 252 Canton ave,

Nicholas L. Dashiell, M.D.,
Medical Attendant.

Address, 207 S. Broadway -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilber B. Shute

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 626 N. Baltimore St.

Cause of Death, First, (Primary,) Cholera Infantum,

Second, (Immediate,) Collapse

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 18 1881

Undertaker, Jos F. Loane

Place of Business, 634 W Balto St

A. R. Patterson M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49591

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna B. Donovan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 531 Hollins St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing with Hearse

Date of Burial, July 18th 1881

Undertaker, Jos. B. Leach

Place of Business, No. 707 W. Baltimore Street

R. J. H. Tull M.D.,
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th July 1881 1 o'clock A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Celestia Pilcher

Sex, Male ~~or~~ Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 1113 E Appleton Street

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 1113 E. Appleton Street

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) }

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 18 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 N. Baltimore street

C. J. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Certificate No. 49593 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49593

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine H Domer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible] years

Place of Death, {Give street and number.} 112 Frederick Ave

Cause of Death, First, (Primary.) Chronic Paramenitis

Second, (Immediate.)

Duration of Last Sickness, 2 & months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 18 1881

Undertaker, John B Pendas

Place of Business, 66 Frederick Ave

Thomas Die M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 49594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Kestler

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* 9 *Months,* 3 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how) long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } no 4 Dover St

Cause of Death, { First (Primary,) measles / Second (Immediate,) Cholera Infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 18 1881

Undertaker, [redacted] & Goverlock

Place of Business, 60 Hanover

M. D.
Medical Attendant.

Address 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

41959

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 16th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sybilla Gradwohl

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 220 Canton Ave

Cause of Death, First, (Primary.) Bronchitis acute

Second, (Immediate.) Hydrothorax, marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Monday July 18th

Undertaker, Jacob Bucher.

Place of Business, 224 Canton Ave

F. Monroe M.D.,
Medical Attendant.

Address, 17 S. Monroe

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 49596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Briden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stockton St No 42 Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stockton St No 42

Cause of Death, First (Primary,) Marasmus

Second (Immediate.) Convulsions

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 18

Undertaker, Walter Emmert

Place of Business, 315 N. Biddle

L G Sparrow M. D.
Medical Attendant.

Address No 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate according to ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49597

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Henrikson.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 S. Sharp St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetry

Date of Burial, July 19

Undertaker, Ernst Schlosman

Place of Business, 200 Sharp St.

R. J. N. Tall, M.D.,
Medical Attendant.

Address, 152 Sharp St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Sellman Selby

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, { Give street and number } 147 Bolton St

Cause of Death { First, (Primary,) acute meningitis / Second, (Immediate,) do

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 18th 1881

Undertaker, H W Jenkins Son

Place of Business, 75 N Charles

W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

495-99

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Monroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number.} 12. Reese's alley

Cause of Death, First, (Primary.) Gastro-Enteritis

Second, (Immediate.) Cerebral Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, July 18th

Undertaker, J. Davis

Place of Business, 103 Lee Street

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49600

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly! If an Infant not named, give names of parents.} Harriet Nicholls

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~ ?

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, {Give street and number.} 4 S Front St East B.

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Dropsy

Duration of Last Sickness, abt 3 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th 1881

Undertaker, Wm H Leitch Jr

Place of Business, 1 N Bond Wm Ave

Robt. Mortt M.D.,
Medical Attendant.

Address, 67 S Wolfe St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner if requested so to do, under penalty of law.

49601

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Fritz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 161 S. Broadway

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Enteritis

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cem

Date of Burial, July 18th 1881

Undertaker, Elisha Cox

Place of Business, 814 & 816 Bank St

C. L. Buddenbohm M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Langer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number} 211 Mulberry St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Bilious Dysentery

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 20

Undertaker, Joseph B Cook

Place of Business, 707 W Lt Balto St

Sophia W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49603

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Date of Death, July 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H Herman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married.

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 32 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Centre Mkt.

Cause of Death, First, (Primary.) Disease of Stomach & Liver

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, July 18th 1881

Undertaker, Wm Elam

Place of Business, 101 Gough St. *Address,*

A R Arnold M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49,604 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49604 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 10 *Days.*

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 11 months & 10 days

Place of Death, {Give street and number.} Delphy's Hotel Cor Saratoga & Howard

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Catholic County

Date of Burial, July 19th 1881

Undertaker, Wm Delphy

Place of Business, Saratoga & Howard Sts

J. Singling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49605

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Will[illegible]

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, abt 30 yrs

Place of Death, {Give street and number.} 70 Chesnut St

Cause of Death, First, (Primary.) 3 Asthenia

Second, (Immediate.) 3

Duration of Last Sickness, abt 2 months

All the above information should be furnished by the Physician.

Place of Burial, Auburn Cemetary

Date of Burial, July 18 1881

Undertaker, Abram Wayman

Place of Business, 13 Saratoga

Chas H Moffit M.D.,
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Spencer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Claret alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 11 Claret alley

Cause of Death, First, (Primary,) Spasm,

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, July 18th 81

Undertaker, Geo W Perkins & Co

Place of Business, 130 Hanover St

L. H. L. Gall M. D.
Medical Attendant.

Address, 406 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estell Lewis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Vine St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 11 Vine

Cause of Death First, (Primary,) Scrofula Hydrocephalus

Second, (Immediate,) Gastro enteritis

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 18, 1881

Undertaker, William Mooney

Place of Business, No 42 East Street

W. H. Crim M. D.
Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49608 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49608

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

~~Date of~~ Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cromwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 Years, — Months, — Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cart driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 Allens Alley

Cause of Death, First, (Primary.) Pistol shot in Hand

Second, (Immediate.) Tetanus

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, July 18 1881

{Undertaker, William Krueger

{Place of Business, No 62 East Shed

Frank Moyer M.D.,
Medical Attendant.

Address, 755 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnny Henry Neugebauer

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number } 76 Leadenhall St

Cause of Death { First, (Primary,) Summer Complaint / Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 18th 1881

J H Keene M. D.
Medical Attendant.

Undertaker, C. D. Krause

Place of Business,

Address, 7 Castle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49610

The Physician who attended any person in a last illness ~~is responsible for the presentation of this~~ Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dougherty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 20 Lee st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 18th 1881

Undertaker, C F Krause

Place of Business,

A W Metzler M. D.
Medical Attendant.

Address, 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Powell

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 42 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, brickmoulder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Phila Pa

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give street and number } 6 Stockton alley

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18. 1881

Undertaker, John C Jordan

Place of Business, 63 Park ave

G Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number} 189 N Gilmor St

Cause of Death { First, (Primary,) Senile old age & paresis
Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 19th 1881

Undertaker, J E Hough & Co

Place of Business, 320 Pennsylvania Ave

W W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49613

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE.

Date of Death, — July 16. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Leary.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, wht.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Labrer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland. —

Duration of Residence in the City of Baltimore, 30. —

Place of Death, {Give street and number.} Tyrone alley near N. Howard.

Cause of Death, First, (Primary.) Inflammation of Brain

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 18th 1881

Undertaker, Chas I Scriven

Place of Business, 271 W Eutaw St

G Lane Tanyhill M.D.,
Medical Attendant.

Address, 129 W Biddle St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49614 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moody Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number.} 237 Montgomery St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18 1881

Undertaker, H. Graham Wayman

Place of Business, 13 Saratoga St

J. H. Branham M.D.,
Medical Attendant.

Address, 98 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 49615 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

49615

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1851 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1851

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Henry Strider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 12 Gelston's Court near Oregon

Cause of Death, First, (Primary.) Dentition & heat

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Monte olivet sunday

Date of Burial, 19 July 4 o'clock

Undertaker, Farmarmert

Place of Business, Mulberry & Greenwood

Edmund R Walker M.D.,
~~Medical Attendant.~~

Address, Coroner on St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 49616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Page

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 97 Cherry Alley

Cause of Death, First, (Primary,) Hemorrhage from umbilicus

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Quakery Cemetary

Date of Burial, July 18th 1881

D. Scott M. D.
Medical Attendant.

Undertaker, Abram Hayman

Place of Business, 213 Saratoga St. *Address,* 142 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 49617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Silkman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* 27 *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 62 Spring st

Duration of Residence in the City of Baltimore, 15 Yrs 4 Mos 3 Days

Place of Death, {Give street and number.} No 17 High alley

Cause of Death, {First (Primary,) Phthesis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, Six Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18

Undertaker, Chas. A. White.

Place of Business, 108 E. Oliver st

J. E. Gosnell M. D.
Medical Attendant.

Address 7 yrs St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so long thereafter if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49618

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Date of Death, July 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Murrin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 60 *Months,* 1 X *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 349 Ols.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Brain Trouble

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 18 1881

Undertaker, John Heaney

Place of Business, 882 Orleans St

A R Arnold M.D.,
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 46619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Saltzman

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 28 N. Spring St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 19 1881

Undertaker, Chas Henry

Place of Business, 32 Orleans St

J. F. Lemmon M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19620 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Schwanebeck

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 25 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} Conway St. 27

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 19 July 1881

Undertaker, Jno. J. Barfoot

Place of Business, 41 W. Balt St. *Address,* 224 West Fayette St.

L. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49621

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich A. Metz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 14 yrs in America

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, July 18th 1881

Undertaker, D Schutter

Place of Business, Monument

Oscar J. Cassell M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

49622 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Hall

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 283 Durham al-

Cause of Death, First, (Primary.) Malarial Fever & Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 1st Five weeks the second 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loney Green Cemetery

Date of Burial, July 19th 1881

Undertaker, Chas J Locke

Place of Business, 418 Jefferson st

M. B. Billingslea, M.D.,
Medical Attendant.

Address, 256 E Pratt st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certi... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease... if requested so to do, under penalty of law.

~~No Permit for Burial can be Obtained without a Proper Certificate.~~

49623

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

Date of Death, July 17 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Z...

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 7. *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 198 Hamilton

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem...

Date of Burial, July 18

Undertaker, W. F. N. Swett

Place of Business, 121 Hanover St

Theodore Cotte M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 49624 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before, if requested so to do, under penalty of law.

49624 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1881 BALTIMORE

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Marka

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 10 Abbot St Balto City

Duration of Residence in the City of Baltimore, 3 yrs 6 mos

Place of Death, {Give street and number.} 10 Abbot St

Cause of Death, First, (Primary.) Malignant Scarlet fever

Second, (Immediate.) Complete occlusion of the air passages

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 18, 1881

E Jos Walla M.D.,
Medical Attendant.

Undertaker, Henry Hagerty

Place of Business, 519 Central Ave *Address,* N E Cor Broadway & Bal

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 49625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Burton

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* about 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 25 S. Federal St.

Cause of Death First, (Primary,) Enteritis Colitis & Bloody Evacuations

Second, (Immediate,) Exhaustion

Duration of last Sickness, Enteritis Colitis about 1 week Evacuations 24 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 18th 1891

Undertaker, I. S. J. Byrnes

Place of Business, Lubert St

W. R. Burns M. D.
Medical Attendant.

Address, 365 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

49626 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Amelia Shaffer.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 Columbia St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteritis.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, July 19th 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 95 N. Chas St

Dr J. W. Tull M.D.,
Medical Attendant.

Address, 132 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Taylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number} 78 N Howard St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, July 19

Undertaker, C W B Liggan

Place of Business, 201 Pratt Ave

W H Cue M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or mer, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie S. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number} 534 Cross St-

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem't

Date of Burial, July 20 1881

H. L. Lyon M. D.
Medical Attendant.

Undertaker, W. Seewald

Place of Business, 35 S. Eutaw Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49629 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

Date of Death, Dec 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallace McKean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Little Pine St

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Shaft St

Date of Burial, Dec 18 1881

Undertaker, W. H. Bishop

Place of Business, Druid Hill av

J. Thos. Steiner, M.D.,
Medical Attendant

Comm of Health
& Registrar

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined B. Bishop S. D.

[OVER.]

Permit No. 49630 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and if requested so to do, under penalty of law.

49630

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 17. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Spencer,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, { Give street and number. } 445 N. Stricker St.

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) & Acute Phthisis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Federalsburg Carroline Co Md

Date of Burial, July 18 0

Undertaker, C. W. Blizzard

Place of Business, 201 E. Pratt

G. Glanville Lusk M.D.,
Medical Attendant.

Address, Balt. & Pac. R.R.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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2258 Hanover

[OVER.]

Board of Health, City of Baltimore

Permit No. 49631

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Bowman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} (Baltimore) No. 131 Penna Ave

Cause of Death First, (Primary,) Malarial Fever & Pneumonia

Second, (Immediate,) Chronic Pneumonia

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va.

Date of Burial, July 19

J. Brown M. D.
Medical Attendant.

Undertaker, Robt Blizzard

Place of Business, 201 Pearl

Address, Cor Argyle and Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2257. Hauser

[OVER.]

Certificate No. 49632 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49632

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Weismann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Saloon Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bad Ger — 22 yrs

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give street and number. } 451,5 Frederick St

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Suicide by hanging (Jury Verdict)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 19th 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Edmund K Walker M.D.,
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert G. Lloyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 5 Montrose St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 5 Montrose

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) about 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 19

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore St

John Hood M. D.
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4 7 8 0 7 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49634

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Binder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} Ann & Biddle

Cause of Death, First, (Primary.) Badly fed

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 19th 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St

W. W. Pute, M.D., ~~Medical Attendant~~

Address, 364 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49635 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49635 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cavanaugh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 935 North St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 Months, I saw him on the

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 19th 1881

Undertaker, James P Byrne

Place of Business, No 63 N Eutaw St

Geo B Reynolds M.D.,
Medical Attendant.

Address, Calvert & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hartman Shmaka

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. Cor Lemmon & Amity Sts

Cause of Death, First (Primary,) Cholera Infantum

Second (immediate,) Softening of Brain.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 19th 1881

Undertaker, Jno B Leach

Place of Business, No 707 W Baltimore Street

C W Wehner M. D.
Medical Attendant.

Address 298 W. Lehner Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Tucker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days:*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Back City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 156 Scott st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis

Duration of last Sickness, Five & 9 yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, July 20th 1881

Undertaker, John W Weaver

Place of Business, 129 Saco st

Geo. N. Benson M. D.
Medical Attendant.

Address, 142 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49638 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49638

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19et

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gilchrist

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 62 King St.

Cause of Death, First, (Primary.) Cirrhosis of Liver.

Second, (Immediate.) Pneumonia & Cap. Bronch.

Duration of Last Sickness, 10 weeks.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, July 23d 1881

Undertaker, J P Byrne

Place of Business, *Address,*

C O'Donovan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49639

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

49639

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catherine Reilley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 95 W. Lombard st.

Cause of Death,
First, (Primary.) Phthisis
Second, (Immediate.) Debility

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 22d 1881

Undertaker, E P Byrne

Place of Business, Front st

C. O'Donovan M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 49640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Norman

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, X *Years,* 6 *Months,* X *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 233 E. Biddle St.

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 19th

Undertaker, Geo Schilling

Place of Business, Ashland Square

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR ~~BURIAL CAN BE~~ OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday July 17. 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Luff

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 113 N. Chapel St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, Odd Evergreen Cemetery

Date of Burial, July 19 1891

Undertaker, H. McShane

Place of Business, 18 S. Howard St

W. Wilmer Brinton M. D.
Medical Attendant.

Address, 25 E Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Emily Holme

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 8 mo 18 days.

Place of Death, {Give street and number.} 33 Penn st Baltimore

Cause of Death, First (Primary,) Chlorea Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 19 — C

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt st

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Burt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

~~Age~~, Years, About 50 ~~Months~~, ~~Days.~~

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mary Land

Duration of Residence in the City of Baltimore, Some years

Place of Death, {Give street and number} 52 Camel Alley

Cause of Death { First, (Primary,) Virginia Pectoris (Sudden)
Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 19th 1881

Undertaker, Wm T Scriven

Place of Business, [illegible]

Chas. H. Riley M. D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49644 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

49644 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

~~Date of Death,~~ July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Murphy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Waterford, Ireland.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 103 Bank n.

Cause of Death, First, (Primary.) Decline of Physical Powers,

Second, (Immediate.)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 20 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

John F. Morrison M.D.,
Medical Attendant.

Address, 8 N. Calvert & Redwood

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 49645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JULY 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881 Parents 2 infants

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances & Julia Kincaid deceased not named

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hours *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Mount st near Lombard

Cause of Death, First (Primary,) contusion

Second (Immediate,) Laceration

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 19th 1881

Jno L Larkin M. D.
Medical Attendant.

Undertaker, Jos H Cook

Place of Business, No 707 W Baltimore Street *Address* 763 W. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49646

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

Date of Death, July 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Letitia Kinnear

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Howard near Lombard

Cause of Death, First (Primary,) Cerebral

Second (Immediate,) Hemiplegia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 19th 1881

Undertaker, Geo. B. Coard

Place of Business No. 707 W. Baltimore St. *Address* [illegible]

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49647 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49647

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1881 BALTIMORE

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cohens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Brewers Alley

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Marasmus

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 19th 1881

Undertaker, F. A. Kerchner

Place of Business, S. Carroll Ave *Address,*

Jas A Steuart M.D., ~~Medical Attendant.~~

Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Chas G. Rev 8-8 S.

Certificate No. 47,648 Office of Registrar of Vital Statistics. Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49648 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1881 BALTIMORE

Date of Death, July 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Salone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 5 *Months,* 17 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 S. Decatur

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) as Thrush

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 20th /81

Undertaker, C. D. Krause

Place of Business, ...

G. L. Wilson M. D.,
Medical Attendant.

Address, 17 So. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49649 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49649

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Preis.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 452 Lancaster St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 20th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

John H. Kehlbergen M.D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 47858 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49650 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Huffman

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 433 S. Fayette

Cause of Death, First, (Primary.) Typhoid

Second, (Immediate.) Congestion cardiac

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 19th 81

Undertaker, J. B. Pearce

Place of Business, 280 Canton Ave

J Thorton M.D.,
Medical Attendant.

Address, 245 S Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49 65

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49651

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Butterick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 4 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 6 N. Chapel st

Cause of Death, First, (Primary.) Pseudomembranous Croup

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 19th 81

Undertaker, Wm. Frances

Place of Business, 280 Canton

P. G. Dausch M.D.,
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49652 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49652 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 2 1891 BALTIMORE

Date of Death, July 18th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Romandette

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 298 S. Bond St.

Cause of Death, First, (Primary.) Inflammatory Diarrhoea

Second, (Immediate.) .....

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 19th 81

John H. Ashberger M.D.,
Medical Attendant.

Undertaker, Sp. Franco

Place of Business, 250 Canton Ave. *Address,* 243 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 15
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Tyler Sr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired from business.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 29 Front St.

Cause of Death, First (Primary,) Chronic disease of stomach

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 17th 1881

W. E. Morley *M. D.*
Medical Attendant.

Undertaker, Wm. H. McKernan

Place of Business, 234 E. Day St *Address* 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

rmit No. 49654 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

49654 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colc

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 281 N. Eutaw St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 19th 1881

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry Street

G Lane Tompkins M.D.,
Medical Attendant.

Address, 129 Hillsdale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49655 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49655

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 2 1881 BALTIMORE

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Emma

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 4 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 1½ months

Place of Death, {Give street and number.} 61 S. Stockton alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 19th 1881

Undertaker, W. H. Dorsey

Place of Business, East St

James A Steuart M.D.,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JY 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Nancy

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 695 Saratoga near Gil.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 695 Saratoga

Cause of Death, First, (Primary.) Belladonna given in Mistake for Tartaric

Second, (Immediate,) Coma

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 20th 81

Undertaker, L. Louis Schaub

Place of Business, 109 h Fremont

Wm R Duncan M. D.
Medical Attendant.

Address, 680 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 24765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49657

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Milton Koontz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) asthenia

Duration of Last Sickness, feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cemetary

Date of Burial, July 20th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Mahony Brune M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Certificate No. 49658 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Seely

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 S. Broadway

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1881

Undertaker, Benny L. Mitchell

Place of Business, 63 S. Broadway *Address,* 19 S. Broadway

G. Whitten M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49659 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49659

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mail

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. } Female

Age, ~~Years~~, 3 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower;*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 182 E. Caroline st,

Cause of Death, First, (Primary.) Meningitis (chronic)

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 20th

Undertaker, M. Funk

Place of Business, No 35 Bank

Thomas J. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49660 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49660

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Robbins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 71 Linden ave

Cause of Death, First, (Primary.) Scirrhus Cancer of Breast

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 19th 1881

Undertaker, Henry H. Williams

Place of Business, 1145 N. Gay St *Address,* 246 N. Charles St

Wm B Canfield M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49661

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 19 1891 BALTIMORE

49661

CERTIFICATE OF DEATH.

Date of Death, July 18th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bunce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, X *Years,* 11 *Months,* X *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} No 183 Madison St. Balto

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19. 1891

Undertaker, Wilbur & Bungee

Place of Business, 62 East St

Wm H Jones M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Patrick Winters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 177 Aisquith St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) 3 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pius Catholic Cem

Date of Burial, July 20th 1881

Undertaker, Wm J. McKeon

Place of Business, 65 S. Eutaw

D. H. Looney M. D.
Medical Attendant.

Address, 7 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7.18.81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Emory Storm

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 1 Years, 3 Months, [redacted] Days.

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number} 76 Albemarle St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20th 1881

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Ludwell Eastman M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Parents Geo. E. Boston & Jane Boston

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 13 *Days.*

Color, Black.

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, ~~37 Druid Hill ave.~~

Place of Death, { Give street and number } 37 Druid Hill ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1881

B. F. Lemmon *M. D.*
Medical Attendant.

Undertaker Wm. Lindsay & Robt. Malcolm

Place of Business 116 Park ave. & 27 | *Address,* 3.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 — 1881 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Swicker

Sex, Male or Female, {cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 12 *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Girl —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 114 N. Eaton St —

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

Duration of last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, G. Clay

Date of Burial, Balto Cemmentary

Undertaker, J. R. Bonney

Place of Business, Front St

J. Shutt M. D.
Medical Attendant.

Address, 1432 E. Eutaw St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

49666

CERTIFICATE OF DEATH.

Date of Death, July 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 yrs *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 72 Robert St W

Cause of Death, First, (Primary.) Struma

Second, (Immediate.) Dysentery

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Lorraine

Date of Burial, July 19 1881

Undertaker, Charles A White

Place of Business, 35 Granby St *Address,* .....

Wm P Clum M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rebecca L. Aiken

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Easton, Maryland

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 26 Mulberry St.

Cause of Death, First (Primary,) Dysentery.

Second (Immediate,) Diphtheria.

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 22nd July, 1881

Undertaker, H & W Jenkins & Son

Place of Business, 75 N. Charles

L. Donaldson M.D.

Medical Attendant.

Address, 108 Park ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, r as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Permit No. 19668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

Date of Death, July 18th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Oden

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 13 Carlin St Osprite Nine 4-

Cause of Death { First, (Primary,) Capillary Catarh

{ Second, (Immediate,) Convulsions.

Duration of last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 20 1891

Undertaker, William Monroe

Place of Business, No 62 East Shot

A. H Lacon M. D.
Medical Attendant.

Address, 563 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 20 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fenie Elizabeth Skipper

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} E. Chase Street near New Bridge

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21.

Undertaker, H. C. Riedefeld

Place of Business, 90 Greenmount Ave

C. H. Thomas M. D.
Medical Attendant.

Address, 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4 7 6 7 0 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49670

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19, 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter A. Eckman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } Washington & Hyder Sts

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate.) Mal nutrition

Duration of Last Sickness, life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20th

Undertaker, Wm. H. Eckman

Place of Business, 234 N. Gay St

H. H. White M.D.,
Medical Attendant.

Address, 324 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4967 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

4967

CERTIFICATE OF DEATH

Date of Death, July 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. Cannes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Trunkmaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 67 Hanover Alley

Cause of Death, First, (Primary.) Syphilis

Second, (Immediate.) Ulceration of bowels and Exhaustion

Duration of Last Sickness, (?) Seven months

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, 21st July 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles

[signature] M.D.,
Medical Attendant.

Address, 51 Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2259 Hanover

Board of Health, City of Baltimore,

Permit No. 49672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Sparks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ Years, 10 Months, ____ Days.

Color, Colo

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number} 1 Johns al

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Infantum

Duration of last Sickness, 3 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cemetery

Date of Burial, July 20

Undertaker, H Ross

Place of Business, 95 Conway St

Address, 349 Eu

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE.

49673

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Wales

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 71 Years

Place of Death, {Give street and number.} 43 State St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Gastritis (Chronic)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21

Undertaker, H Ross

Place of Business, 95 Conway St *Address,* 172 Franklin

W. H. Antrim M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49674 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49674

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ferrar

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 87 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years.

Place of Death, {Give street and number.} # 245 S Dallas St

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, July 20th

Undertaker, Wendel Pippel

Place of Business, S. Bond st. 151

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Long

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 18 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boatmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 27 N Dallas st

Cause of Death First, (Primary,) Testimus, shot with toy pistol forefinger of right hand July 4th

Second, (Immediate,)

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, H. Matthews Cem.

Date of Burial, July 20th

Undertaker, Wm Gold Dilgel

Place of Business, 1 Bond st

L C Nuttemeier M. D.
Medical Attendant.

Address, 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49676

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Don't Know

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary) Cholera Morbus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, July 20th 1881

Undertaker, Pat Mullen

Place of Business, ———

C. J. Kett M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Frank Fosbell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 4 Bonne St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 21 st 1881

H. F. Hill M. D.
Medical Attendant.

Undertaker, Wm R Leech

Place of Business, No 707 E Baltimore street

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 BALTIMORE

Date of Death, 19th July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C Bowen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 719 W Pratt St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 257 W Henry St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) 5 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore cemetery

Date of Burial, July 21st 1881

Undertaker, Wm. B. Cook

Place of Business, No 707 W Baltimore Street

Geo Hayden *M. D.*
Medical Attendant.

Address, Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49679 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49679 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, July 20th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Petronella Resilbau

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give street and number.} 10 & 12 Shakspeare St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 21st '81

Undertaker, J. C. Trance

Place of Business, 250 Canton Ave

John H. Rehberger M.D.,
Medical Attendant.

Address, 243 Alice Anna St.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49680 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49680

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Fred'k Simmons

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 365 Central Ave -

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 22nd

Undertaker, Geo Schilling

Place of Business, Ashland Square

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Permit No. 49681 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled it*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

49681 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

Date of Death, July 20. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Walsh

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 *Years,* 2 3 *Months,* *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 109 Dolphin

Cause of Death, First, (Primary.) Chol. Infantum

Second, (Immediate.) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 21st 1881

Undertaker, Edw. T. Scriven

Place of Business, 271 N. Eutaw St *Address,* 129 W. Biddle

G. Jane Tanyhill *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49682

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 20 1881 BALTIMORE

Date of Death, July 19, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lewis

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No. 155 S. Wolf St

Cause of Death, {First (Primary,) Gangrene of face

Second (Immediate.) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, July 20. 81

Undertaker, Theo J. Locks

Place of Business, 73. Jefferson st

J. D. Fiske *M. D.*
Medical Attendant.

Address 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1887 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 7-20-87

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Payant

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 9/12 yrs

Place of Death, {Give street and number} S.E. cor. Myrtle Ave & Saratoga

Cause of Death, First, (Primary,) Convulsions from intestinal disease

Second, (Immediate,)

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1887

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,* 347 Lisbon

D. M. Cashman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49684 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49684 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 20th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brookes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 452 Lancaster st

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 22d.

John H. Kehberger *M.D.,*
Medical Attendant.

Undertaker, M. France

Place of Business, No. 280 Canton Ave *Address,* # 2143 Hillen st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49685

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49685

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip D. Boyd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } City Hospital

Cause of Death, First, (Primary.) Cerebral hemorrhage

Second, (Immediate.) from fall

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 21" 1881

J. H. Branham *M.D.,*

Medical Attendant.

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway *Address,* City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49686 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49686 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 20 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. McEnlyre

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, {Give street and number.} 38 Hanbert St. L. P.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, July 21st 1881

R. W. Mansfield M.D.,
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49687 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49687

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Conway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 10 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 113 S. Caroline St

Cause of Death, First, (Primary.) 2 Diarrhoea (Supposed)

Second, (Immediate.) 3

Duration of Last Sickness, abt 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 21 1881

Undertaker, P G Lockett

Place of Business, 33 Jefferson

Chas M. Wolff M.D.,
Coroner E.D. Medical Attendant.

Address, 67 Wolfe St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49688 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49688 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Schmalle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number.} 6 N Chancellor st

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, July 21

Undertaker, J J Mahoney

Place of Business, 341 Pennsylvania ave

J. H. Christian **M.D.,**
Medical Attendant.

Address, 431 Penna ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Kelly

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 151 West St

Cause of Death, First, (Primary,) Abdominal Dropsy

Second, (Immediate,) .....

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 23d, 1881

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery

J. C. Busch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 17870 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49690

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Eagleston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifes time

Place of Death, {Give street and number.} 71 Castle st

Cause of Death, First, (Primary.) I think a little premature

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, July 21st 1881

Milton N. Taylor M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 & 3 Broadway Address, Broadway & McElderry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49691

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1881 BALTIMORE

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Bailey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Rice Street near Gilmor

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cem

Date of Burial, July 21 1881

James A Clemens M.D.,

Attending Physician.

Undertaker, W. M. Dunagee

Place of Business, East St

Address, Comm of Health + Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

Permit No. 49697 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49697

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmond Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 43 yrs

Place of Death, { Give street and number. } 9 Camden lane

Cause of Death, First, (Primary.) Congestion of the Brain

Second, (Immediate.) "

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 21st 1881

Undertaker, John L Machen

Place of Business, No 150 Camden

Medical Attendant. M.D.,

Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James G. Crosbie

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 81 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer & Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} Greenmount Ave near Eager

Cause of Death First, (Primary,) Paralysis with old age & general debility

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 22d

Undertaker, H. C. Medefeld

Place of Business, 11 Greenmount Ave

Wilmer Sinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1981
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7.19.81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Brooks

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number} 210 Warner

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 1881

Louis M Eastman M. D.
Medical Attendant.

Undertaker, E H Chase

Place of Business, 409 Howard St *Address,* 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Ross

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty nine *Years,* *Months,* *Days.*

Color, Colored *Sex,* Widower

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} 71 Welcome alley

Cause of Death, First (Primary,) Gangrene of foot

Second (Immediate,) Septicaemia

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 / 1881

Undertaker, S. H. Chase

Place of Business, 198 Howard St

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49696

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

Date of Death, July 20 - 1881

~~Full Name of Deceased,~~ {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Beck

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 2 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 582 - Penna Ave

Cause of Death, First, (Primary.) Congestion Lungs

Second, (Immediate.)

Duration of Last Sickness, 3 - day's

All the above information should be furnished by the Physician.

Place of Burial, Dist Bly Lamons

Date of Burial, July 22 - 81

Undertaker, Eugene Hanscal

Place of Business, 48 Canal ave,

H D Hamil M.D.,
Medical Attendant.

Address, Cor Pratt & Eastern Ave Bal

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49697

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 17 *Days.*

Color, Colrid

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} 208 N Bond St

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, July 22 d Friday

Undertaker, Ulrich Schmidt

Place of Business, 263 East Eager St

C. E. Stone **M.D.,**

Medical Attendant.

Address, 1701 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49698

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1881 BALTIMORE

Date of Death, July 20th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 109 Albemarle Str

Cause of Death, First, (Primary.) Rheumatism complicated

Second, (Immediate.) Heart disease & General Dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 21st 1881

Undertaker, Jas. C Byrne

Place of Business, 63 Eden St

C. H. D. Stuart — M.D.,
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frankin J. Forsythe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Conductor on Rail Road

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 333 W. Baltimore St.

Cause of Death, First (Primary,) Disease of Heart — Dilatation & Dropsy

Second (Immediate,) Erysipelas

Duration of Last Sickness, I do not know: he was seen by myself only a few days upon his visit

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem S. C. Chew M. D.

Medical Attendant.

Date of Burial, July 22d 1881

Undertaker, F. Lewis Scharfe *Address* 141 Lanvale

Place of Business, 109 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 23 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McSorley

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* Two *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 35 N. Schroeder

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 35 N. Schroeder

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 22nd 1881

Jno L Quinan M. D.
Medical Attendant.

Undertaker, Jos S Cook

Place of Business, No 701 W Baltimore Street

Address, 680 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49701 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49701 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana E. Grupy.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 57 *Years,* 3 *Months,* — *Days.*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow.

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Strausburg France 53 yrs in U. S.

Duration of Residence in the City of Baltimore, 53 yrs.

Place of Death, {Give street and number.} 211 Edmonson Ave.

Cause of Death, First, (Primary.) Chronic Valvular Disease and

Second, (Immediate.) Hypertrophy of the Heart.

Duration of Last Sickness, Sick Several years Ill one hour.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 22nd 1881

Undertaker, D Edney & Mitchell

Place of Business, 530 W Fayette St

Geo F Powell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49702 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49702

HEALTH DEPARTMENT JUL 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Robinson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* Eleven *Days.*

Color, Colored

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 129 Leland st.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 1881

Undertaker, Hemsley and Madden

Place of Business, 116 N Charles st

D E Lancy A Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49703

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1891 BALTIMORE

Date of Death, July 26th 91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Henry~~ Robert Schermann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } ~~Hithesis~~ 63 Arch

Cause of Death, First, (Primary.) Phthesis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cemetery

Date of Burial, July 31 1891

Undertaker, Hemsley and Steadham

Place of Business, 116 Orchard St

Dr C L Thorn M.D.,
Medical Attendant.

Address, 22 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49704. **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1891 7.45 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mallon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* 13 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Baltimore 26 N. Lexington St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Exhaustion from Gangrene

Duration of Last Sickness, three months & a half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 24th 1891

Wm. Whitridge M.D.,

Medical Attendant.

Undertaker, Mr Henry Myers

Place of Business, 45 N. Gay St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

49705

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

Date of Death, ~~January~~ July 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Townsend

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 11 Bunnell St

Cause of death, First, (Primary,) Heart disease (Weak Lung)

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 23

Undertaker, P. Ward

Place of Business, 82 West St.

E. H. Ellis M. D.,
Medical Attendant.

Address, 313 E. Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49706

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1896 BALTIMORE

Date of Death, July 20th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} 293 Myrtle Av.

Cause of death, First, (Primary,) Laryngeal Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Child had been treated in the County for different affections brought home in dying state. Diphtheria then discovered. Had chorea difficult respiration about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 21

Undertaker, G W Blizzard

Place of Business, 201 Lenard

Chas. S. Holliday M. D.,
Medical Attendant.

Address, Carroll P.O. Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

49707

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1887 BALTIMORE.

Date of Death, July 21 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luigi Amelia Bruno

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Exeter

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, July 22

Undertaker, J. Y. Mosher

Place of Business, 130 Camden *Address,*

Paul Bird *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jennings

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 228 Front St

Cause of Death First, (Primary,) ~

Second, (Immediate,) Apoplexy 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 22nd 81

Undertaker, Henry Hoeck

Place of Business, Central Ave between Eager & Chase Sts

Silas M Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 49709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 21
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Madden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~8 Baren St~~ Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Baren St

Cause of Death, {First (Primary,) Jaundice — asthenia

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Odorny Evergreen

Date of Burial, July 21st 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Jno Miller M. D.
Medical Attendant.

Address 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49 710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C Hunt

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 16 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 237 Mulberry St

Cause of Death First, (Primary,) Pistol wound

Second, (Immediate,) Tetanus

Duration of last Sickness, Eighteen days Tetanus 10

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 23d 1881

M. D.
Medical Attendant.

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 19711 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

19711

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22? 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Thomas.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housework.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 48 Chesapeake St.

Cause of Death, First, (Primary.) Pelvic Peritonitis.

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Sixteen months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 22nd 1881

Undertaker, Geo. Sands

Place of Business, 252 Canton Av. *Address,* 92 S. Broadway.

A. F. Eisch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Form No. 49712

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49712

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22? 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 66 Altemarle St

Cause of Death, First, (Primary.) Cholera Infantum,

Second, (Immediate.)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St. *Address,* 95 E. Baltimore St

S. W. Houck M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49713

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1 Hoopers Court

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pole Cemetery

Date of Burial, July 22 1881

Undertaker, L. A. Kerchner

Place of Business, 9 Carroll Ave *Address,* 57 Bank

H. W. Webster M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49714

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Loumbo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waterman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~Baltimore~~ Lifetime

Place of Death, {Give street and number.} 18 Canal St

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23rd 1881

Undertaker, Lamb P. Byrne

Place of Business, Fawn St

E. H. Rutherford M.D.,
Medical Attendant.

Address, 157 Eastern Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49715 — No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Briskin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 174 Johnson

Cause of death, First, (Primary,) Cirrhosis of the Liver

Second, (Immediate,) ~~Gastritis~~ Dropsy

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 23

Undertaker, B. Flach

Place of Business, 82 West St

Isidore Ortg M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

49716

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Alsop.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 29 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 56 Stockholm St.

Duration of Residence in the City of Baltimore, 2 mos 29 days

Place of Death, {Give street and number} 56 Stockholm St.

Cause of Death, First, (Primary.) Cholera Infantum,

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, 22nd July.

Undertaker, J. Davis

Place of Business, 103 Lee Street

A. G. Watts, M. D.
Medical Attendant.

Address, 186 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 4971

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person ~~superintending the burial, within *twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1881 BALT'MORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura May McCubbins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 149. Franklin St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) ——

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 22 1881

Undertaker, John McMeaver

Place of Business, 127 N Eden St

A. C. Dix M. D.
Medical Attendant.

Address, 467. W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49718 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49718

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Roan S of Chas. and Barbara

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 48 Canal st.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 22 1891

Undertaker, H Ross

Place of Business, 45 Canal st *Address,* 262 Madison Ave.

Eldridge C. Price M.D.,

[redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Boston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty four *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hertford Co Md

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 432 Madison Ave

Cause of Death, First, (Primary.) Hypertrophy of Liver & probably internal

Second, (Immediate.) Cancer had ofe removed & broke out twice Extreme prostration

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 23d 1881

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St

Elias le Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49720 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Ellis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* — *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 281 Hamburg St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 81

Undertaker, Geo. W. Perkins & Co

Place of Business, 130 Henrietta St

C. H. Wilson *M.D.,*
Medical Attendant.

Address, 166 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49721

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine and

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give street and number.} No 6 Wyeth St.

Cause of death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, Ten (10) days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 23d 1881

Undertaker, John Mackin

Place of Business, No 150 Camden St

D. L. Gwinn M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49722 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is ~~responsible for the presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49722 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles F. Hopkins

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Lawyer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } University Hospital

Cause of Death, First, (Primary.) Albuminured Acute

Second, (Immediate.) Asthenia

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22 /81

Undertaker, Fred'k Kirchner

Place of Business, 50 S. Carrollton Av. *Address,* University Hospital

H M Ed M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. May

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 82 George St.

Cause of Death, { First (Primary,) / Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem't

Date of Burial, July 23 1881

{ *Undertaker,* Andrews & Hodges / *Place of Business,* No 416 Druid Hill Ave } *Address* 274 Madison Ave

W. W. Owings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 49724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ritter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 237 S Wolfe

Cause of Death { First, (Primary,) Cancer of the Stomach
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial 24 July 1881

J. J. Litzer M. D.
Medical Attendant.

Undertaker, Wm Nicolai

Place of Business, 258 Alice Ann *Address,* 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49725 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49725 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* About 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, ~~City of Baltimore~~ In Institution 2 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Spasm

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 23. 1881

Undertaker, Jos Bramigan

Place of Business, 152 Division St.

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1891 BALTIMORE

Date of Death, July 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. F. Coy

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Surgeon Dentist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gardner — Maine

Duration of Residence in the City of Baltimore, About 24 years

Place of Death, {Give street and number.} 87 N. Charles St

Cause of Death, First (Primary,) Alcoholism

Second (Immediate,) Convulsions & Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem't

Date of Burial, July 29nd 1891

Alf C. Powell M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49727

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

Date of Death, 22d July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant E. A. Cunningham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 653 W. Fayette

Cause of Death, First, (Primary.) Non nutrition

Second, (Immediate.) Convulsions

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, July 22 - 1881

Undertaker, A. Wendeline

Place of Business,

H. W. Owings M.D.,
Medical Attendant.

Address, 274 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1921 BALTIMORE

49728

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Keirn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 29 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 10 — 6 29

Place of Death, {Give street and number.} 38** Church St.

Cause of death, First, (Primary,) Toy-Pistol Wound in hand.

Second, (Immediate,) Lockjaw

Duration of Last Sickness, — 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 24 "1921

Undertaker, B. Kearney

Place of Business, Lex. St

R. Sy. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49729 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

49729

CERTIFICATE OF DEATH.

Date of Death, July 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie E. Kuefer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Williams St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 23d 1881

Undertaker, Armstrong & Son

Place of Business, 263 Light St

G. B. Noble M.D.,
Medical Attendant.

Address, 80 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Everly McKeel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Clark St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 22

Undertaker, C. W. Blizzard

Place of Business, 201 Pine

J. W. C. Ardery M. D.
Medical Attendant.

Address, 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 49731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 25 CITY BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elis J. Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* 8 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 397 Franklin St.

Cause of Death, First, (Primary,) Cancer of womb.

Second, (Immediate,)

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 24

Undertaker, C W Blizard

Place of Business, 209 Penn Av

H F Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49782

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 Months, 3 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number.} 177 Raborg St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thorpe's Cemetery

Date of Burial, July 22

Undertaker, John H. Owen

Place of Business, 225 S Eutaw

W. S. Booze M.D.,
Medical Attendant.

Address, 706 Shaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49733 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon M. Kelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} 37 Waesche Street

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) Asthma

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 22 1881

Undertaker, B. H. Chase

Place of Business, 198 Howard

D. F. Reinhart M. D.
Medical Attendant.

Address, 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4 7 7 0 4

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~Death Certificate~~ filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

49734

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20 ett 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Grimage

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Fifty five *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Lynchburg Va About 25 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 53 Dover St

Cause of Death, First, (Primary.) Hypertrophy & dilitation of heart & aortic

Second, (Immediate.) insufficiency

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1881

Undertaker, Sand W Chase

Place of Business, S. Howard St

Elias C Price M.D.,
Medical Attendant.

Address, 262 Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

49735

—No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary A. Wellager

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 18 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Light St near Cross St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 23d 1881

Undertaker, D. Lefris Schaefer

Place of Business, 109 N Fremont *Address,* 57 Barney

H. W. McClurg *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4778 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~or the Coroner, if requested so to do, under penalty of law.~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

49736

CERTIFICATE OF DEATH.

Date of Death, July 22d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Hallock

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, ... *Years,* 4 *Months,* 18 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 392 Mulberry St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 23d "

Undertaker, F. Louis Schaefer.

Place of Business, 109 N. Fremont st.

Thomas Opie M.D.,
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert H. Alldridge

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 247 Lee St

Cause of Death { First, (Primary,) Oedema Membranous Laryngitis
Second, (Immediate,)

Duration of last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 23rd 1881

B. F. Phillips M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 927 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Prigg

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 hours *~~Days~~*

Color, Mulatto

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 113 Jasper St.

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give street and number} 113 Jasper St.

Cause of Death First, (Primary,) Premature birth

Second, (Immediate,) Prostration

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, July 27th 1881

Undertaker, J. H. Bishop & Co.

Place of Business, 97 Druid Hill Ave.

F. B. Gardner, M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

HEALTH DEPARTMENT JUL 22 ? 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 7 Orford St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Empyema

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1881

Undertaker, J. F. Nichol Jr.

Place of Business, Gay & Brid Hill Sts.

W. W. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49740 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49740

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederick Barton Son of Lewis & Lucinda Barton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 22 *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 48 N. Eden St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cem.

Date of Burial, July 23 d 1881

Undertaker, H. Lefevre

Place of Business, 63 S. Eden St.

A. Frazier Thurber M.D.,
Medical Attendant.

Address, 11 S. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49744

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 2 — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 201. S. Broadway. ✓

Cause of Death, First, (Primary.) Deficient development at birth

Second, (Immediate.) Marasmus + above cause -

Duration of Last Sickness, Ever since birth.

All the above information should be furnished by the Physician.

Place of Burial, German Evangel. Cemt. G. A. Dohme M.D.,

Date of Burial, 22 July 1881 Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 237 Alice ann *Address,* 8 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49742

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rode

~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. corner of Hanover and Cross

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 23

Undertaker, H Brile

Place of Business, 81 Henrietta St

C. L. Buddenbohn M.D.,
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Leonora Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} 392 Lafayette av

Cause of Death, First (Primary,) Apoplexic Seizure

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, July 24th 1881

Jno J Caldwell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, Fayette st & Conn av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2261 Fremont

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Craig

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Miller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anthony County Ireland 18 years in U.S. Resided in Terre Haute Indiana

Duration of Residence in the City of Baltimore, About Twenty Days

Place of Death, {Give street and number} 374 Franklin St

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Terhaute Ind

Date of Burial, July 28d 1881

G. B. Boeler M. D.
Medical Attendant.

Undertaker, H Lewis Schaefer

Place of Business, 169 n Green *Address,* 130 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

2 265 Trans

Permit No. 49745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49745 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Barnes

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 13 *Days.*

Color, Black

Married, Single, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 72 Jefferson st

Cause of Death, First, (Primary.) .

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Bemely

Date of Burial, July 23rd 1881

Undertaker, Thos J Locks

Place of Business, 173 Jefferson st

J J Gross. *M.D.,*

Medical Attendant.

Address, 137 Caroline st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

mit No. 49746 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1901 BALTIMORE

CERTIFICATE OF DEATH.

te of Death, July 21

ll Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Colwell

x, Male or ~~Female~~, {Cross out the word not required in this line.}

e, ... *Years,* 5 *Months,* 2 *Days.*

lor, ...

rital, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

cupation, ...

rthplace, {State or country, and how long in the United States, if of foreign birth.} Md

ration of Residence in the ~~City of Baltimore~~, —

ace of Death, {Give street and number.} 60 Durst alley

use of death, First, (Primary,) Dysentery

Second, (Immediate,) ~~Colitis~~

ration of Last Sickness, 5 Ms

All the above information should be furnished by the Physician.

ace of Burial, E. & A. Baltimore Cemetery

te of Burial, July 23

Undertaker, B. Marle

Place of Business, 82 West St.

C. W. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ON 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ...an be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49747

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in~~ his last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 St, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Solan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, { Give street and number. } 122 N. Charles St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) & Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 23 1881

Undertaker, Hahn & Scriven

Place of Business, 271 W Eutaw St

Jno Gwathmey M.D.,
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49748

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bowers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 9 mo

Place of Death, {Give street and number.} 16 Poultney St

Cause of death, First, (Primary.) Cholera infant.

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, July 24

Undertaker, B. Ward

Place of Business, 82 West St.

R. W. Ellis M. D.,
Medical Attendant.

Address, 313 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 49749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Chase

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy two *Years,* — *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Forty-five Years

Place of Death, {Give street and number} 31 Short St

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) Paralysis of Brain

Duration of last Sickness, Two Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd 1881

Undertaker, Wm. H. Duvall

Place of Business, No 62 East St

Whitfield V. Kinsey M. D.
Medical Attendant.

Address, 162 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1934 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ann Simms

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty Six *Years,* ____ *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} No 28 Vincent Alley

Cause of Death, First (Primary,) Dropsy

Second (Immediate.) Rupture of Pulmonary Cells

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 1881

Undertaker, Wm H. Dunger

Place of Business, No 62 Eager St

P. H. Jordan M. D.
Medical Attendant.

Address 124 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49751

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dapp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 110 S. Amity St.

Cause of Death, First, (Primary.) Excessive Purgation

Second, (Immediate.) & Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 23rd 1891

Undertaker, Fry & Brown.

Place of Business,

G. G. Rusk M.D.,
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEP. JUL 23 1881 BALTIMORE

49752.

CERTIFICATE OF DEATH.

Date of Death, 28 d July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Joseph Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 11 Brunswick St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 23

Undertaker, B. Hurle

Place of Business, 82 West St

Augustus M. Dodd, M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49753

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norris Henson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~1~~ *Years,* ~~—~~ *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1. S. Dallas St

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemy

Date of Burial, July 23 1881

Undertaker, Thos J. Locks

Place of Business,

Thos H Clemm M.D.,
~~Medical Attendant.~~
Comm of Health
Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Lee E. Taylor

[OVER.]

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edwards.

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, (Col)

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City. Md.

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, { Give street and number } No 2 Little Pulpit alley.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemy

Date of Burial, July 23 1881

Undertaker, Pat. Mullin

Place of Business,

Jno Lemmon M. D.
Medical Attendant.

283 E Lombard

Address, Dr. E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DURANT & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...ce of Registrar of Vital Statistics. Ward .....

...attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49755 No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Catherine Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 178 East St.

Cause of death, First, (Primary,) Dysentery - Senile Decay

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cemetery

Date of Burial, July 24th

Undertaker, J. B. Corth

Place of Business, 727 W. Balto

G. L. Wilkins M. D., Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49756

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Falanger,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, 1 Months, — Days.

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 221 S. Bethel St.

Cause of Death, First, (Primary.) Cholera Infantum,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 3 Days,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 23rd 81

Undertaker, M. Tranor

Place of Business, 280 Canton Ave

D. J. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

...fice of Registrar of Vital Statistics.

...Undertaker or other person in a last illness is responsible for the presentation of this Certificate, accurately filled if requested so to do, under penalty of law.

49757

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ewing

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 3 E. Wash. St.

Cause of Death, First, (Primary.) Insensitus Ascentium

Second, (Immediate.) asphyxia

Duration of Last Sickness, 1 hr. 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 23rd 81

Undertaker, M. Keane

Place of Business, 220 Eastern Ave

H. H. Lusk M.D.,
Medical Attendant.

Address, Balt. & Paul. Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

...Registrar of Vital Statistics.

...person in a last illness is responsible for the presentation of this Certificate, accurately filled ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

49758

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R Sapp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} # 249 Jefferson St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) Exhaustion

Duration of Last Sickness, life (Twenty days)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 23rd 1881

Undertaker, William Frey

Place of Business, Fayette and Broadway

Saml J Baltz M.D.,
Medical Attendant.

Address, # 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Registrar of Vital Statistics.

...person in a last illness is responsible for the presentation of this Certificate, ...filled if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49759

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mc C. Quigley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} N 198 E Monument st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Ant Olivet

Date of Burial, July 23rd 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Appleman M.D.,
Medical Attendant.

Address, 13[illegible] [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

...Registrar of Vital Statistics.

...person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49760

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fermin Lecompte

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 16 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bastrian

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 7 Aisquith St

Cause of Death, First, (Primary.) Hooping Cough,

Second, (Immediate.) Tuberculer Meningitis, Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 23 1881

Undertaker, Geo P Byrne

Place of Business, 63 Front St

Geo B Reynolds M.D.,
Medical Attendant.

Address, Cor Aisquith and

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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...Registrar of Vital Statistics.

...any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

49761

HEALTH DEPARTMENT JUL 27 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Shanesky

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 140 N E Calvert St

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jul 24th

Undertaker, C L Hencke

Place of Business, 48 Pennsylvania Ave *Address,* 263 N Gaurbrod

I G Wendle M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 25 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Warner

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, Since yrs

Place of Death, { Give street and number } Hinch Store, Lombard & Broadway

Cause of Death, First, (Primary,) Congestion Phthisis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 24/81

Undertaker, W. H. B. Shop

Place of Business, 97 Druid Hill Ave

H. Glass M. D.
Medical Attendant.

Address, L. & Lombard & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 49763 : *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicola Bresanich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} Millers Wharf foot of Caroline St

Cause of Death, First, (Primary.) 3 Accidental Drowning

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 17, 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Chas. M. Morfit M.D., Coroner & P.M. Medical Attendant.

Address, 107 E Balto Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Permit No. 49764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas C. Adkins

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 E. Balt. St.

Cause of Death, First, (Primary.) Decay of Physical Powers

Second, (Immediate.) Chronic Bronchites (Complication)

Duration of Last Sickness, Seven or eight days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 25th 1881

Undertaker, M. A Dair

Place of Business, 745 W. Baltimore

John T. Mommouin M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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The special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

Permit No. 49765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st, 10:15 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Walsh

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* Ten *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co., Md

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number} 189 S. Fremont

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 24 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

James Alder Dale M. D.
Medical Attendant.

Address, 1 E. Lr. Columbia Ave. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49766

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 90 Russell Street

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 90 Russell Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns.

Date of Burial, July 24 1881

Undertaker, Julius Kahler

Place of Business, Cross and Sharp

L. McL. Tall M.D.,
Medical Attendant.

Address, 412, Cross St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie I Leonard

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 37 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~ ~~Widow~~ ~~Widower~~ Married

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and number } 22 N. Schroeder

Cause of Death, First, (Primary,) Cancer of the Womb

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 26th

Undertaker, J. B. Cook

Place of Business, 107 N. Balto St

Edwd F. Mehrland M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49768 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49768

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

Date of Death, July 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Reisch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1. *Years,* 4 *Months,* 20 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 86. Ridgely St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, July 24th 1881

Undertaker, Geo. Kohler

Place of Business, Cor Sharp & Pratt Sts.

Eugene Cotté M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49769

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July. 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Ricker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Residence 1 Chase Sts.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Laryngeal complication,

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, July 24th 1881

Undertaker, John Thacher

Place of Business, No 180 Canton Ave

F. W. Brantner M.D.,
Medical Attendant.

Address, 208 N Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49770 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23, 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clazey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Centre

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 142 Eutaw

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 25th 1881

Undertaker, John L Thaichen

Place of Business, No 150 Eamden

Geo A Shaw M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT BALTIMORE JUL 24 1881

CERTIFICATE OF DEATH.

Death, July 24th 81

me of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Caffini

Male or ~~Female~~, {Cross out the word not required in this line.}

e, 38 *Years,* — *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 287 Forrest St

Cause of Death, First (Primary,) ...

Second (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, 10 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25 1881

P H Reich M. D.

Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 63 Fremont St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 49772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately*, and *must*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7.23.87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Eunice Gist

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ Years, 11 Months, ____ Days.

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give street and number} 55 Vincent al

Cause of Death, First, (Primary,) Entero

Second, (Immediate,) Paralysis

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Leon Cemetery

Date of Burial, July 24, 1887

Undertaker, William Burger

Place of Business, No 62 Eutaw St

Louis McCahan M. D.
Medical Attendant.

Address, 319 Lost

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper C

CERTIFICATE OF D

Date of Death, July 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* *Mont*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, abt 28 Yrs

Place of Death, { Give street and number. } 203 Bank St

Cause of Death, First, (Primary.) ~~Heart Disease~~ Rheumatism

Second, (Immediate.) & Heart Disease

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, July 25th 1881

Undertaker, Penny & Mitchell

Place of Business, 63 S. Broadway

Chas. Morfit **M.D.,**
Coroner & **Medical Attendant.**

Address, 67 E Balto St

CITY NEWS AND GOSSIP.

Died of Heart Disease.

Captain James D. Boyd, aged 56 years, in command of the Baltimore and Ohio Railroad Company's steam tug Convoy, died suddenly at 5.15 o'clock yesterday afternoon, of heart disease, at his residence No. 203 Bank street. For some time past he had been complaining of pains in the region of the heart, and yesterday, feeling unwell, he left his boat and going home retired, refusing to see a physician, as he expected the pain to pass away. About 5 o'clock his wife took a cup of tea to his room, when she found him in a dying condition. Dr. Mansfield was summoned, but the patient was dead before his arrival. He leaves a wife and four children. Coroner Morfit deemed an inquest unnecessary.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See Following certificate

Permit No. 49773

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James D. Boyd

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 28 yrs. ✓

Place of Death, { Give street and number. } 203 Bank St.

Cause of Death, First, (Primary.) Supposed Heart-disease

Second, (Immediate.)

Duration of Last Sickness, died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th 1881

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49774 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any ~~person in a last illness~~, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1911 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Sturdevant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* 14 *Days.*

Color,

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 16

Place of Death, {Give street and number.} 708 Hanover St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday, 26th

Undertaker, Julius E. Koehler

Place of Business Sharp & Cross St. *Address,* 323 Light St.

H. O. Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49775 *Office of Registrar of Vital Statistics.*

~~The Physician who~~ attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23 / 91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas J. Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 67 S Charles St -

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 24th 91

Undertaker, M. Franc

Place of Business, 980 Canton ave

A. K. Arnold *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49776 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 24 1881

CERTIFICATE OF DEATH

Date of Death, July 23d, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hass

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 45 Roe street

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 24th " 81

Undertaker, W. Fraser

Place of Business, 280 Canton ave

Examined Smith M.D.,

Physician

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49777

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 24 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 24, 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Schadewald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 35 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 629 S. Gay St.

Cause of Death, First, (Primary.) bottle fed

Second, (Immediate.) Mal-nutrition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 25 July

Undertaker, Adam Funk

Place of Business, 461 N. Gay St.

W. W. White, M.D.,
Medical Attendant.

Address, 727 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49778

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Andrew Lucas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, {Give street and number.} 184 Fine Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Marasmus Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount with D. Park County

Date of Burial, July 25th 1881

W. H. Lucas *M.D.,*

Medical Attendant.

Undertaker, Geo B Cook

Place of Business, No 707 N. Gilmor Street *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 2262

Permit No. 49779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Savage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Hillman St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. Jno. Brooke Boyle M.D.,

Date of Burial, July 24 Medical Attendant.

Undertaker, W. Dippel

Place of Business, 1 Bond 157 *Address,* Canal & Eager

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49780

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 23rd, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Elizabeth Brinkmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 N. Dallas St.

Cause of Death, First, (Primary.) Supposed Septicemia

Second, (Immediate.) Pyaemia

Duration of Last Sickness, Seen by me on July 22 & 23rd Was in a dying condition,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 25

Undertaker, W. Dilgard

Place of Business, 1 Bond 167

John H. Mennemann M.D.,

" Medical Attendant

Address, E. W. Cahut & Read St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

49781

Permit No. 54

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner, if requested so to do,~~ under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23- 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Ed. Simmons

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 6 - *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Act -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto - lifetime

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 81 Chestnut st -

Cause of Death, First, (Primary,) Imperforate anus & fecus passed through urethra

Second, (Immediate,) Cachexia

Duration of last Sickness, lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1881

D. Shell M. D.
Medical Attendant.

Undertaker, Abraham Wyman

Place of Business, 13 Sarah ~~st~~ *Address,* 143 N. Eutaw st -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49782

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Wilson.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, Colored.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 75 N. Durham St.

Cause of Death, First, (Primary.) Malignant Disease of Stomach

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 1881

Undertaker, Wm. J. Yocke

Place of Business, 478 Lafayette

George A. Rohé, M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49783 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

Date of Death July 23. 5 p m.
Name of Deceased Leander. Burgess.
Sex Male
Age Eye 50 Years.
Col. White
Occupation Wheelright
Birthplace Harford County
Duration of Residence Twenty Years
Place of Death W. Lombert No 779.
Cause of Death. Ileac. Abscess. & Perforation in the Rectum
Duration of Last Sickness One Year & 6 months

John. I. Fitzer. M.D.

Place of Burial, Mt. Olivet Cem
Date of Burial, July 25th 1881
Undertaker, I. B. Cook.
Place of Business, Baltimore St

..... M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

Date of Death, July 24 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Holland

Sex, Male or Female, {cross out the word not required in this line.}

Age, 83 *Years,* 5 *Months,* 9 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W.

Occupation, Retired Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 188 Aisquith St

Cause of Death First, (Primary,) Paralysis.

Second, (Immediate,) Asthenia

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 26th

Undertaker, Geo. Schilling

Place of Business, 84 Canal Square

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49783

Date of Death

Name of Deceased

Sex

Age

Occupation

Birthplace

Duration of Residence

Place of Death

Cause of Death

Duration of Last Sickness

Date of Burial, July 25th

{Undertaker, J. B. Coop

{Place of Business, Baltim

Extract from Regulations of the Board of Healt

SECTION 2.—*And be it further enacted and* of the Physician who attended during his or he within forty-eight hours after the death, to the U as the same can be ascertained, the full name, se cause and date of death, except in cases of births

Permit No. 45785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Launderess

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Caroline Co. Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 47 S. Leddenhall St.

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) Pulmonary consumption

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25

Undertaker, H. Ross

Place of Business, 95 Conway St *Address,* 146 Hill St.

J. D. Dyer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elvodna Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Months, 19 Days.

Color, White

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 126 S. Ann St

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature.

Duration of Last Sickness, Nineteen days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 25th 1881

Nicholas L. Dashiell, M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4978

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended an... *out*, to the Undertaker or other perso... if requested so to do, under penalty o... is responsible for the presentation of this Certificate, *accurately filled* person in a last illness... superintending the bu...al, within *twenty-four hours* after the death of said deceased, or sooner, law.

No P...rmit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Karres

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eleven (11) *Years,* *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States if of foreign birth. } Ball City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 208 N Dallas Street

Cause of Death, First, (Primary.) Lightheadedness

Second, (Immediate.) Lightheadedness Coma - Apoplexy ?

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 25th

Undertaker, [illegible]

Place of Business,

a. Ewbelour M.D.,
Medical Attendant.

Address, 174 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49788

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE

Date of Death, July 23rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton ~~Bartl~~ Brod

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany — 6 or 7 years in US

Duration of Residence in the City of Baltimore, 6 or 7 years

Place of Death, {Give street and number.} North below Monument - Res 263 Preston St

Cause of Death, First, (Primary.) Accidentaly struck by P R R Car

Second, (Immediate.) Pelvis crushed

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, July 26th 1891

Undertaker, Andrews & Hodges

Place of Business, No 4X6 Druid Hill Avenue

Emm. J R Walker M.D.,

~~Medical Attendant.~~

Address, Corner N P St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49789 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rena May

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 14 *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 249 S. Broadway.

Cause of Death, First, (Primary.) Internal Convulsions

Second, (Immediate.) following Inflammatory Diarrhoea.

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, July 25th 1881

Undertaker, W. Silan

Place of Business, 101 Gough St

John H. Rehbergen M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the precentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIEICATE OF DEATH.

Date of Death, July 23 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Woltsheimer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 48 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Grosslangheim

Duration of Residence in the City of Baltimore, thirty one years

Place of Death, { Give street and number } Mulberry & Appleton streets Baltimore

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shel Shalom Cemetery

Date of Burial, July 25th 1881

Undertaker, Mrs Eisen

Place of Business, 101 Gough St

H. F. Hill & F. Freudenwald M. D.

Medical Attendant.

Address, 817 Franklin St and N Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. . And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 49791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen J Cummins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 104 N. Carrollton avenue

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Cerebral anemia fol

Duration of last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 25th 1881

Undertaker, T Emmy & Whitacre

Place of Business, 550 W Fayette St

Robert H Mitchell M. D.
Medical Attendant.

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49792

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1889

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Gustav Habersang

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number.} 920 E. Monument St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24 of July

Undertaker, B. Hart

Place of Business, 82 West 1st. *Address,* 1704 N. Eden St

S. E. Sebrell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ~~the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 24 th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hoffman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 267 N. Dallas St.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 267 N. Dallas St.

Cause of Death,
First, (Primary.) .....
Second, (Immediate.) Congestion of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cem

Date of Burial, July 25 1881

Undertaker, Henry Hoegel

Place of Business, 20 Central Ave

Milton N. Taylor **M.D.,**
Medical Attendant.

Address, Broadway & Mc Elderry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49794 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Campbell Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — 11 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 79 N Liberty St

Cause of Death {First, (Primary,)} Enteric Cholera

{Second, (Immediate,)}

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, July 25 87

Undertaker, [illegible]

Place of Business, 35 [illegible] *Address,* [illegible]

W H Ormiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Krummel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} N. 200 Burgundy st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 25th

Undertaker, Ernst Schloman

Place of Business, 200 Sharp Street

O. L. Ruddenbaugh M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49796 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward August Kohler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 22 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 7 N High St

Cause of Death, First, (Primary.) 3 Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 26th 1881

Undertaker, Rah F Bartell

Place of Business, 62½ W. Balt St *Address,* 62½ W Balto St

A. Ker. Wright *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25-th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burk

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 15 Parkin St.

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Bronchitis and Diarrhea following Measles.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 26th 1881

Undertaker, Geo B Cook

Place of Business, No 707 W Baltimore street

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th July 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Dombrowsky

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 Years, 6 Months, ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life time

Place of Death, { Give street and number } L. Aisquith 240.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michels Cemetery

Date of Burial, July 25. 1881

Undertaker, Louis Haack

Place of Business, S. Bond St. 240.

H. Wm. Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49799

Office of ~~Registrar of Vital Statistics.~~

~~The Physician~~ who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Robbins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 387 E Lombard St

Cause of Death, First, (Primary.) Acute Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, July 25 1881

Undertaker, M A Daiger

Place of Business, 74 S. Bway

D W Cathell **M.D.,**
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49800 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1931

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hund

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 197 So. Dallas

Cause of death, First, (Primary,) Premature birth - 8th Mo. Mal-Nutrition

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth - Certificate Given from death by Dr. Cope after death

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 24th

Undertaker, H. Diffenbaugh

Place of Business, 2 Bond St. 151

L. L. Williams M. D.,
Medical Attendant.

Address, 197 S. Dallas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUL 25 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 23 July 1881 at 10 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Simpson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Removing Furniture

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 79 Booth Street Baltimore Md.

Cause of Death, First, (Primary.) —

Second, (Immediate,) Consumption

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Cemetery

Date of Burial, 25 July

Undertaker, F. T. Smith

Place of Business, Scott & Pratt

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49802

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Nunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} City Hospital Res 237 W. Hoffman

Cause of Death, First, (Primary.) Accidental fall from building

Second, (Immediate.) Fracture of thigh & right ankles

Duration of Last Sickness, 4 hours & about

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24th 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Edmund Walker M.D.,
~~Medical Attendant.~~

Address, Corner Mt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Clemmency

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give street and number} 20 Heath st.

Cause of Death {First, (Primary,) Second, (Immediate,)} Chronic Dysentery

Duration of last Sickness, 16 days.

All the above Information should be furnished by the Physician.

Place of Burial, Cedarhill Cemetery

Date of Burial, July 25-91

Undertaker, [illegible]

Place of Business, [illegible]

Chas. B. Taylor M. D.
Medical Attendant.

Address, 323 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4980

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Healey

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 24 E. Pratt st.

Cause of Death, First, (Primary.) Pulmonary tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 25th 1881

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St

P. G. Dausch *M.D.,*
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia A Kerr

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single, Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 36 E Eager

Cause of Death, First, (Primary.) Head Disease

Second, (Immediate.) probably

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 26th 1881

Undertaker, Thos S Boughes

Place of Business, 19 E Balto

Edmund R Walker M.D.,
Medical Attendant.

Address, Coroners M P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Permit No. 49806 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N 13 Stockholm

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26 1891

Undertaker, Samuel H Frank

Place of Business, 128 S Howard St *Address,* 206 Sharp St

W S Bowe M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49807 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

49807

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 118 Hill st

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26 1891

Undertaker, Saml H. Glover

Place of Business 145 S. Howard St

Theodore Cotter M. D., Medical Attendant.

Address, 146 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 49808 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1891 BALTIMORE.

Date of Death, July 28th 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 40 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany ~ Supposed

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 25 S Broadway

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Came to 25 S Broadway Yesterday morning

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, July 24

Undertaker, Patrick Mullin

Place of Business,

Chas Ulrich M.D.,
Medical Attendant.

Carver Ep

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49809 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49809

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A. Hoop

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow~~

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 140 N Amity St

Cause of death, First, (Primary,) Chronic Inflammation

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 1881

Undertaker, Thos J Locke

Place of Business, #73 Jefferson

Geo F Taylor M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49810

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Abrach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 4 *Months,* 22 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} No 428 Canton Ave

Cause of Death, First, (Primary.) Acute Dysentery

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, July 26th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Thomas P. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49811

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lautman Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 52 S. Broadway

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, July 26th 1881

Undertaker, Henry Lautman

Place of Business, Father's

R. D. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49.812

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Planter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hopkins Hospital

Cause of Death, First, (Primary.) Chronic Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 Weeks 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, July 26, 1881

Undertaker, Henry Hauck

Place of Business, 38 Central Ave *Address,* 188 N Calvert St

Geo J Cullen M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49.813

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mc Elotsky Mickaël

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} County Formalura Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the little sisters of the poor cor: York and Valley Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Dysentery

Duration of Last Sickness, about ten months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 26 July 1881

Undertaker, Henry Schelteis

Place of Business,

Jno. Brooke Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49814

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Simmons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Washington Ave.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) "

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1881

Undertaker, John L Mackin

Place of Business, 60 130 Camden

W. H. Keating ..... *M.D.,*

Medical Attendant.

Address, 1[illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49815

~~The Physician~~ who attended any person in a last illness is responsible for the presentation of this ~~Certificate accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Queen

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 218 Vine St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) ——— ———

Duration of last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1881

A. C. Fox M. D.
Medical Attendant.

Undertaker, L. M. Leary Jr & Son

Place of Business, 782 W. Balto Address, 467 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 July 25th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 545 E. Fayette St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions,

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 26

Undertaker, Thy & Bro

Place of Business, 534 Broadway

J. F. Fuchs, *M.D.,*
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49817

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 8 Republican St. Republican

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27 m

{*Undertaker,* Henry Brill

{*Place of Business,* Hanover St 81

W. S. Booze M.D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person. The Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Henry Walker.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany forty two years in the U. S.

Duration of Residence in the City of Baltimore, forty two years.

Place of Death, {Give street and number} No. 63 Centre Market space.

Cause of Death, First, (Primary,) Hepatitis throughout the last six months.

Second, (Immediate,) Apoplexia.

Duration of last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, July 27/81

Undertaker, Ran & Carlell

Place of Business, 62 ½ W. Balto. *Address,* 128 N. Broadway

Robert Smith Harrison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 19819 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 25 E. Wadsworth

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Bond-Cem

Date of Burial, July 26th 1881

Undertaker, Wm J. Ticknor

Place of Business, 65 S. Eutaw

[illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 26 BALTIMORE

Permit No. 49821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo W E McCabe

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 286 Fulton St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 286 Fulton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 26 1881

Undertaker, Or G. W. E. McCabe

Place of Business,

Wm E Warren M. D.
Medical Attendant.

Address, Gratz & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49821

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rose.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boiler maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Residence Boiler Shop, Hughes St

Cause of Death, First, (Primary.) Apoplexy —

Second, (Immediate.) "

Duration of Last Sickness, ½ hour —

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery.

Date of Burial, July 26 1881

Undertaker, Armstrong & Denny

Place of Business, # 263 Light St

Dr. Bell M.D.,

~~Medical Attendant~~ Coroner's Dist.

Address, 161 Hughes St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Basin, 2 Appassia Chas Co.

Cause of Death, First, (Primary.) Accidently drowned Machine Shop

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 27 1881

Undertaker, Armstrong & Dem

Place of Business, #263 Light St

I. A. Bell M.D.,

Medical Attendant.

Coroner Be. Dist.

Address, Md Be Chas Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49823 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Denkin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Mariner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 10 N Washington St.

Cause of Death, First, (Primary.) Paralysis.

Second, (Immediate.) softening of brain & general decay of vital powers

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 17 S. Broadway

Jno. L. Lynch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah G. Barnett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt'y and Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Fiederdel St

Cause of Death { First, (Primary,) Enuma
Second, (Immediate,) Gastro-Enteritis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 27th 1881

Undertaker, [illegible]

Place of Business, 2710 Eutaw St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 167 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49825

Office of Registrar of Vital Statistics.

The ~~Physician who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Miller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Seven weeks *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 334 N Howard

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 334 " "

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, Seven only one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 27th 1881

Undertaker, Chas. T. Scriven

Place of Business, ...

C H Gundlach M.D.,
Medical Attendant.

Address, 3-9 Calhoun Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Evelina Bernardina Lowe

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nastzig, Germany - in U.S. 7 weeks

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number} 26 Armsrong St

Cause of Death First, (Primary,) Gastro-enteritis

Second, (Immediate,)

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July the 26

Undertaker, B. Hark

Place of Business, No. 82 West Third *Address,* 229 Light St

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 26. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eckardt

Sex, Male or Female {Cross out the word not required in this line.}

Age, 66 *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Corsetier

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} Mullikin st. 79.

Cause of Death, First, (Primary.) Phthisis Pulmonum

Second, (Immediate.) Enteritis

Duration of Last Sickness, has been suffering more or less for 8 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 28th

Undertaker, J. D. Rossing

Place of Business, 97 Orleans St.

Wm. H. Litch, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian C. Mundie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 mo

Place of Death, {Give street and number.} 179 N Gilmor St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 27th 1881

W. G. Kepler *M.D.,*

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette St

Address, 550 N Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49829 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hewlett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 262 S. Caroline St

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 27th 1881

Undertaker, M. Feuk

Place of Business, 35 Banks St

James A. Stewart M.D.,
~~Medical Attendant~~
Comm of Health

Address, 1 Regis Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Geo E. Taylor M, Insp

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lela Gertrude Littlefield

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 Columbia Avenue

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 26

Undertaker, Meeth & Shields

Place of Business, 60 & 1 Carrollton ave

N. T. Bell *M. D.*
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 49831

The Physician who attended any ~~person in a last illness~~ is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Geiger Shriver

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Phila Pa

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number } 341 N. Bonds

Cause of Death, { First, (Primary.) Stomach Hydrocephalus / Second, (Immediate,) }

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 27th 1881

Undertaker, Wm. H. Holman

Place of Business, 234 N. Gay St.

Geo. W. Benson M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49832 *Office of Registrar of Vital Statistics.*

The ~~Physician who~~ attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edwards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 21 *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 166 W. Hoffman St.

Cause of Death, First, (Primary.) I presume from what I have

Second, (Immediate.) been told, it was Entero-colitis.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1881

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

Eldridge C. Price M.D.,
~~Medical Attendant~~ for Elias C. Price M.D.

Address, 262 Mad. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Heinzerlin

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 1 yr & 1 mo

Place of Death, {Give street and number.} 10 Ridgely St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 27/81

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Ave

R. G. Lee M.D.
Medical Attendant.

Address, Hanover Bar[illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49834 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milly Minor Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laundress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 278 E. Hamburg St.

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Lyon Chapel.

Date of Burial, 26 of July

Undertaker, G. W. Perkins & Co

Place of Business, 130 Henrietta St

S. T. Sykes M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49835

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26, 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Nellie Delcher.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~25~~ 31 *Years,* ..... *Months,* ..... *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 285 N Amer St.

Cause of Death, First, (Primary.) Labor,

Second, (Immediate.) Septicemia, 5 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 27 #/91

Undertaker, Geo Schilling

Place of Business, ...

F. W. Chamberlain M.D.,
Medical Attendant.

Address, 208 N Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49836

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kalican

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labrer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 153 Greenmount Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 " " Greenmount Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 27 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Wm Wheridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Lewis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 11 Months, 2 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 28 N. Spring st.

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Congestion of brain

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loberry Evergreen Cemetery

Date of Burial, July 26th

Undertaker, Charles A. White

Place of Business, 108 Orleans Street

Wm N Hall M. D.
Medical Attendant.

Address, 196 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49838 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara John

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 months. ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, — none —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Two days —

Place of Death, { Give street and number. } Steamship Balto lying at Locust Point

Cause of death, First, (Primary,) Atrophia

Second, (Immediate,) Dianhoea.

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, July 26th 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave.

H. Hattemann pract. Phys. M. D.,
Medical Attendant.

Address, Steamship Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49839 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Hoosey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8. N. Vincent alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, July 27 1881

Undertaker, David W. Chase

Place of Business,

James A. Stuart M.D.,

~~Medical Attendant.~~ Comm of Health

Address, Res 45 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

Permit No. 49840 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie V. Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 Lemmon Alley

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Inanition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pcable's Cem

Date of Burial, Dec 26th 1881

Undertaker, F. A. Kerchner

Place of Business, ———

James A. Steuart M.D.,

~~Resident Attendant.~~

Coroner's Physician

Address, 7 Regester

~~Dec 26th 1881~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by John E. Deerding

Permit No. 49841

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or paper, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rhodes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} # 261 N. Caroline St.

Cause of Death, First, (Primary.) Cerebral Softening

Second, (Immediate.) Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Wednesday July 27th

Geo. A. Hartman **M.D.,**
Medical Attendant.

Undertaker, John H. Pearre Jr.

Place of Business 422 N. Fayette St *Address,* # 205 N. Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49842 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Halliday

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} #5 Crocus Aly

Cause of Death, First, (Primary.) Chronic Interstitial Nephritis

Second, (Immediate.) Uraemia -

Duration of Last Sickness, 7 months -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1881

{*Undertaker,* D W Chase

{*Place of Business,* 196 E Howard St

Claude Van Bibber M.D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Butler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 7 *Months,* 4 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 25-4½ S. Howard St

Cause of Death, First (Primary,) Dysentery Malarial Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 26th 1881

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St.

T. Edmund Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Henry Warfield

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~Years,~~ 19 *Months,* ~~Days.~~ *Days.*

Color, Black

~~Married, Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Parish Alley No 22 Edons Bridley

Cause of Death, { First, (Primary,) Teething / Second, (Immediate,) Eclampsia

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Last St Burial Ground

Date of Burial, July 26th 1881

Undertaker, Mr Dungan

Place of Business, Stretton alley No 10

John H Aldridge M. D.
Medical Attendant.

Address, No 99 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. G. SHLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49845

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Funk

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 18 N. Wolfe St

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus | Cemetery

Date of Burial, July 27

Undertaker, W. Dysard

Place of Business, 8 Bond St | *Address,* 408 Baltimore

J. Shutter M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Heinrich Munich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1. *Years,* 5. *Months,* 5. *Days.*

Color, W O

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Son of Baker Georg Munich

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N 126 Granby St. Baltimore

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, [redacted] Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 27th

Undertaker, Richard Parks

Place of Business, 1035 Bank

Peter M. Ph. Poretti M. D.
Medical Attendant.
N. 88. E Fayette St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Flaherty

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 12 *Years,* 10 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Preston St City

Duration of Residence in the City of Baltimore, till dead

Place of Death, { Give street and number } 55 Preston St. Balto.

Cause of Death, First, (Primary,) Whooping cough.

Second, (Immediate,) Asthma. (Paralyzed 10 yrs ago)

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Grave

Date of Burial, July 27th 1887

Undertaker, Wm. J. Seriven

Place of Business, 270 N Eutaw St

Herbert A. Harlan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Dubois

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 17 *Days.*

Color, Color

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 183 Mulberry St.

Cause of Death, First, (Primary.) Enteritis.

Second, (Immediate.) Marasmus.

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 28 1881

Undertaker, Robt C Jones

Place of Business, No 62 Pitt

Jno F Powell M.D.,
Medical Attendant.

Address, 227 Caroll Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabelle H Lucas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 74 Pearkins St Elevation

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27.

Undertaker, P. Kinnett

Place of Business, 317 Mulberry

B. F. Phillips M. D.
Medical Attendant.

Address, 927 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49850 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Dame h

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

~~*Occupation,*~~ .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 71 St Paul St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Dr Stricture

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 27th 1881

Undertaker, John L Meacham

Place of Business, No 180 Camden St

H L Stucin M. D.,
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Taylor Price

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 39 E. Chase St.

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 28th

Undertaker, Wm H. Kirkman

Place of Business, 2341 Fay St.

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49852 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whitehouse

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 15 Cook St.

Cause of death, First, (Primary,) Carcinoma Stomach (Cirrhus)

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 25th

Undertaker, Wm H Hickman

Place of Business, 234 Gay St

M. Nidert M. D.,
Medical Attendant.

Address, 120 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49853 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Louis Laurence

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 481 Canton Avenue

Cause of Death, First, (Primary.) Debilitas

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Do not know - Saw it twice previous to dea

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, July 27. 1881

Undertaker, Henry Snader.

Place of Business, 252 Canton Ave *Address,* S. E. Broadway

Chas F. Shaw M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial Can be Obtained Without a Proper Certificate.~~

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. Foster Alley - near Biddle

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Spasms

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, July 28 1881

Undertaker, J. A. Kerchner

Place of Business,

James A. Stewart M.D.,

~~Medical Attendant.~~

Comm of Health

Address, 160 Aisquith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Rev Diggs & Jr

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Ridgely

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ / ~~Female~~

Age, Unknown but supposed to be ~~Years,~~ over eighty Months, ~~Days.~~ years

Color, Black *Sex,* ~~Male~~ / ~~Female~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore. Ten years

Place of Death, { Give street and number. } 79 Chesnut alley

Cause of Death, { First (Primary,) Infirmities of age / Second (Immediate,) }

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 28 1881

Undertaker, S. W. Chase

Place of Business 198 Howard St

Sam'l H. Adelson M. D.
Medical Attendant.

Address Franklin & Pine Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49856

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lavinia Meeks

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stirling 127

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49857

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Simon Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 Forrest St in rear

Cause of Death, First, (Primary.) Mal Formation

Second, (Immediate.) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th 1881

Undertaker, W. H. Dunque

Place of Business, East St

James A. Stuart M.D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Asst Health Officer

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos. L. Smith

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 / 88.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Arthur Holmes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Eight *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 331 Penn St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Central Intoxication

Duration of last Sickness, Forty Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 28th July

Undertaker, D. H. Claudert Sons

Place of Business, 22 N. Paca St.

Alfred Housman M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[9748.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Hammond

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N- 60 East st

Cause of Death First, (Primary.) Pulm. Consumption

Second, (Immediate,)

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 27th 1881

Undertaker, Wm. M. Lungren

Place of Business, No 62 East st

L C Wintermute M. D.
Medical Attendant.

Address, 12 S Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 69 Chesnut Alley. Residence 2 Wilson court

Cause of Death, First, (Primary.) Accidental Death (Laudanum) taken by himself by mistake

Second, (Immediate.)

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 28th 1881

Undertaker, P. Kemmer

Place of Business,

Edmund Walker M.D.,

Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ity of Baltimore.

Permit No. 19861 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Soltisiak

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* ~~Days.~~

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and number. } No 170 Canton Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 27th

Undertaker, W. Tippet

Place of Business, S. Bond st. 151

Thomas B. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49862

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

49862 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Vogler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 80 Payson St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28th 1881

Undertaker, John P. Pauley

Place of Business, ~~—~~

James A. Stuart M.D.,

Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Brady Miss S.I.

...more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Magnus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 Months *Months,* ... *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 233 N. Caroline St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ...

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 28

J. H. Bolton M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 North Gay st. *Address* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 19864 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 27 1881 4 20 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Knoche

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 8 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home Life

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hessian Germany

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 151 E. Fayette St

Cause of Death, First, (Primary.) Accident-

Second, (Immediate.) See other side

Duration of Last Sickness, One hour & twenty minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 28/81

Undertaker, C. A. Rossing

Place of Business, 196 E Baltimore

A. Gregor Shortzer M.D.,
Medical Attendant.

Address, 11 S 14th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F. C Arthur

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 16 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nil

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti-

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 41 Hillen St

Cause of Death, First, (Primary,) Chronic Pulmonale

Second, (Immediate,) asthma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Franklin town

Date of Burial, 27 July

D. Stull M. D.
Medical Attendant.

Undertaker, J. B. Coulter

Place of Business, 707 N. Bal[illegible] *Address,* 143 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1891 BALTIMORE

Date of Death, July 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Dickson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 17 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Boyd St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, about 6 or 8 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1891

{*Undertaker,* Wm. N. Durgin / *Place of Business,* No 62. East-St

H. N. Wilmer M. D.
Medical Attendant.

Address 298 W. Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49867

BALTIMORE HEALTH DEPARTMENT JUL 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kriegelstein

Sex, Male or Female, {cross out the word not required in this line.} female

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chapstauk St 169

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) weakness

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem.

Date of Burial, July 28th 81

L F Reinhard M. D.
Medical Attendant.

Undertaker, J C Evans

Place of Business, 280 Carlton Ave

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49868 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kraft

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 278 S. Dallas St.

Cause of Death, First, (Primary.) Inflammatory Diarrhoea

Second, (Immediate.)

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 29 81

Undertaker, M. Francis

Place of Business, 980 Lombard

John H. Rehbergen M.D.,
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 27th VII 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma, John Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 182 Chesnut Alley

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28 "1881

Undertaker, P. Kummert

Place of Business,

Louis Chs Harris *M.D.,*
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49870

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~as far as filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar O Schaumloeffel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} City Hospital. Res 1360 Madison

Cause of Death, First, (Primary.) Accidentally run over R R Car

Second, (Immediate.) Fracture of arm Skull &c

Duration of Last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 28 1881

Undertaker, John Heaney

Place of Business, 382 Orleans St

Edwin J K Walker M.D.,
Medical Attendant.

Address, Coroner in P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49871 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1. *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 ~~1/2~~ N. Caroline

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 28 "

Undertaker, Charles A. White

Place of Business, 35 Granby St

J. J. Chew M.D.,
Medical Attendant.

Address, 137 Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49872 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

49872.

CERTIFICATE OF DEATH.

Date of Death, July 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara A. Dickerson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 30 Ledenhall St

Cause of death, First, (Primary,)

Second, (Immediate,) Gastro Enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 28th 1881

Undertaker, Julius Kochler

Place of Business, Mosher & Cross sts

Howard Cox M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Permit No. 19873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Nelson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2136 Lee st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, July 28, 1881

P. C. Williams M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Reinhold

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and number } 11 N. Durham St.

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, I. B. H. Baltimore County

Date of Burial, July 29

C. P. Bruns M. D.
Medical Attendant.

Undertaker, Leiser Hauk

Place of Business, 240 E. Baltimore St.

Address, 374 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise & John Leubolds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} (Parents)

Age, ~~~ *Years,* ~~~ *Months,* 1/24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 Henrietta St

Cause of Death, First, (Primary.)

Second, (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28th 1881

Undertaker, Wm John Leibold

Place of Business, 111 Henrietta & *Address,*

James A. Stewart M.D.,
~~Medical Attendant.~~
Comm of Health
Per Mohan

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - Jas. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Ed. Hill

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Male

Age, Years, Four Months, Nine Days.

Color, Mulatto

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 2 a 6 Winter St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, July 28th

Undertaker, J. Davis

Place of Business, 103 Lee Street

Wm Gomel M. D.
Medical Attendant.

Address, 710 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49877 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Hoff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 25 Years

Place of Death, { Give street and number. } 38 Lancaster St.

Cause of death, First, (Primary,) Strangulated Hernia (umbilical) — Peritonitis

Second, (Immediate,) Hernia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 29 1881

Undertaker, Henry Sander

Place of Business, 262 Canton Ave. *Address,* 77 So. Broadway

G. L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wrights

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 105 Peach Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 29th 1881

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts

R. J. H. Tall, M.D.,
Medical Attendant.

Address, 152 E. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

~~Permit No.~~ 49879.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~to the Undertaker~~ and ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27th July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Grambl Jr.

Sex, Male or ~~Female~~, { cross out the word not required in this line. } —

Age, — *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, { Give street and number } N. Washington b.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 28th 81

Undertaker, M. Frances

Place of Business, 220 Caston Ave

William Jenkel M. D.
Medical Attendant.

Address, S Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending ~~the burial, within~~ *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fleishman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 388 Aliceanna Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 29th 81

Undertaker, Mr Stone

Place of Business, 280 Eastern Ave

I. H. Hayes M.D., Medical Attendant

Address, 60 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49881 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if ~~requested so to do, under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stuckroth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 Bedford Al.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jul 29th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

James F. Shaw M.D.,
Medical Attendant.

Address, 6 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending ~~the burial, within~~ *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 81.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie J. Bryant.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 6 3 *Years,* ' *Months,* " *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, { Give street and number. } No 2 Clarke St.

Cause of Death, First (Primary,) Cardiac Hypertrophy

Second (Immediate,) Embolism

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 28th 1881

E. Means *M. D.*
Medical Attendant.

Undertaker, J. E. Keough

Place of Business, 320 Penna Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Reed

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 2 *Years,* × *Months,* × *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 154 N. Eden St.

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cloud

Date of Burial, July 29

Undertaker, Fly & Son

Place of Business, 541 So Broadway

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49884

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 28
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Sabrina Greco

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, X *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 39 S Hoy

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Eclampsia

Duration of Last Sickness, Five Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 29

Undertaker, Hamilton Dwyer

Place of Business, 1 South 151

James E Donnelly M.D.,
Medical Attendant.

Address, 39 E Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Fremont

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July

C. F. Brown *M. D.*
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Pine ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williamson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 N. Schroder St

Cause of Death {First, (Primary,) Dentition. Rubeola.
Second, (Immediate,) not having attended the child in last disease - I presume it died of Pneumonia}

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, July 28

Undertaker, J B Cook

Place of Business, 707 W Pratt Balto

C H Slayton M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred A. McDonald

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1013 N. Pratt

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 29 July

Undertaker, L B Cook

Place of Business, 707 W. Baltimore St.

J. Sim Hood M. D.
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49888

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Nolan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male lived only a few minutes after delivery

~~*Age,*~~ ~~*Years,*~~ ~~*Months,*~~ ~~*Days.*~~

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 1367 E. Central av.

Cause of Death, First, (Primary.) Forceps delivery

Second, (Immediate.)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, July 28. 1881

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway

J. L. Daneh M.D.,
Medical Attendant.

Address, ~~74~~ 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kellum

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, {Give street and number} No 2 Masons alley

Cause of Death, First, (Primary,) Septicaemia - Puerperal Fever

Second, (Immediate,) Asthenia of heart & Brain

Duration of last Sickness, 4 days - 9 days after delivery.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 28 1881

Robert H Mifflin M. D.
Medical Attendant.

Undertaker S W Chase

Place of Business, 198 E Howard *Address,* 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Bosley.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Elizabeth. Land.

Cause of Death First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetry

Date of Burial, July 29

Undertaker, B. Mack

Place of Business, 82 West St.

F. O. Harrington. M. D.
Medical Attendant.

Address, Cor. Cross & Light. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 19891

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

Date of Death, 26 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, 4 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, Institution

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness, From admission

All the above information should be furnished by the Physician.

Place of Burial, Bony Brae Cemetery

Date of Burial, July 29th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penn Ave

Marbury Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Matilda Dickinson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Talbot Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number } 299 St Paul st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, July 29/81

J. E. Williams *M. D.*
Medical Attendant.

Undertaker, Merryman & Cline

Place of Business, 38 Park *Address,* 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2263 Trans

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49893 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allan Ingels

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 3 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 136 S. Paca

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, July 29th 1881

Undertaker, P. Gowald

Place of Business, 35 S. Eutaw St

Chas F. Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans. 2264

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~when~~ *when* filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Jackson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* twelve *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number} 5'8 E. Dallas

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Cebral Meningistis & suffocative catarrh

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas st Cemetry

Date of Burial, July 28th

Undertaker, Theodore J Locks

Place of Business, 73 Jefferson st

Walter R Stay M. D.
Medical Attendant.

Address, 3 South Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wolff

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 183 West St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 29th /81

Undertaker, C. F. Kraus

Place of Business,

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
Address, 37 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49896 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL. 28 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Costello

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} In 112 Dover St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, 29th

Undertaker, J Schachen

Place of Business, 150 Camden St *Address,* 263 N Lanvale

J G Hamblen *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mealy Knight

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 393 Mercer St

Cause of Death, First, (Primary.) Cholera Infantum —

Second, (Immediate.) Marasmus Exhaustion

Duration of Last Sickness, Twenty four Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th 81

W. McKeown M.D.,
Medical Attendant.

Undertaker, S. M. Keenan

Place of Business, 782 W Baltimore *Address,* Montgomery Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Weber

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* ... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Seamer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 172 South Charles

Cause of Death { First, (Primary,) Valvular Disease of the Heart
Second, (Immediate,) Dropsy — Exhaustion

Duration of last Sickness, Eight years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 31, 1881

Undertaker, Ernst Tellmann

Place of Business, 200 Sharp St. *Address,* 5 Franklin St

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 49899

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reilly Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} County Calvin Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor: York and Valley Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Govenstan

Date of Burial, 30 July 1881

Undertaker, J. Schnellbecker

Place of Business,

Jas. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE DEPARTMENT JUL 1881 BALTIMORE.

Permit No. 19900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 85 S.t Paul st Balt.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Congestion of Brain and Hemiplegia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 29th 1881

Undertaker, Dennis & Mitchell

Place of Business, 550 W Fayette St *Address,* 38 Wortman Place

Jno. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Riha

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 16 Anthony St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Dropsy

Duration of last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comb

Date of Burial, July 29/1881

Undertaker, Henry Hoch

Place of Business, 30 Central Ave

Hawanes M. D.
Medical Attendant.

Address, 252 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Heckenwelder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 209 N. Wolfe St.

Cause of Death, First, (Primary.) Scarlet fever & Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemt

Date of Burial, July 29 1881

Edward P. McGrew M.D.,
Medical Attendant.

Undertaker, Henry Floyth

Place of Business, 309 Central Ave *Address,* 169 E. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eldrena Jones

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 10 *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 Stockton st

Cause of Death { First, (Primary,) Whooping Cough & Diarrhoea & Dent
Second, (Immediate,) Convulsions (which lasted but a few ho

Duration of last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 29. 1881

Undertaker, William of Dwyer

Place of Business, 62 East St

John Hood M. D.
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 499 04

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Edward Traker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ 3 *Months,* 26 *Days.*

Color, Col *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 33 Vincent alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 Vincent alley

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 28. 1881

{ *Undertaker,* Wallace & Singer
{ *Place of Business,* 62 East St

J. H. D Jordan M. D.
Medical Attendant.

Address 126 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49905

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART... JUL 29 1881 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Ruckle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, / *Years,* / *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 17[illegible] N Caroline st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Pertussis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 30th 1881

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Wm. L. Purnell M.D.,
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49906 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

49906

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* / *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 338, Cross St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 30 [illegible]

Undertaker, John S. Mather

Place of Business, 139 Camden St

Theodore Cotte M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49907

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Holland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} in the rear of 81 E Baltimore St

Cause of Death, First, (Primary.) Hypertrophy of the Heart

Second, (Immediate.)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Evergreen Cemetary

Date of Burial, July 29th 87

Undertaker, Charles A. White

Place of Business, 35 Granby Street

G H Thomas M.D.,
Medical Attendant.

Address, 85 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49908

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Burges

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 6 *Months,* 21 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 n Eyeter st

Cause of Death, First, (Primary.) Senility Marasmus

Second, (Immediate.) Indigestion Enteritis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 31st 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 n. Gay St

E. C. Baldwin *M.D.,*
Medical Attendant.

Address, 124 n Eyeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49909 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theo. A. B. Forsyth

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* 2 *Months.* *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 4 y. 2

Place of Death, { Give street and number. } 24 Lee St.

Cause of death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 29th 1881

Undertaker, Armstrong & Dem

Place of Business 268 Light St

[signature] M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49910

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Freeland, by mother

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Sarah Ann St & Maryotte ave

Cause of Death, First, (Primary.) Premature Birth (7 mos

Second, (Immediate.) Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 29th 1881

Undertaker, David W. Chase

Place of Business, S. Howard St

James A. Stewart M.D.,
~~Medical Examiner~~
Comm of Health

Address, & Registrar

David W. Chase

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. J. Fitzpatrick

Permit No. 49911 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Liest,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housework.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 150 Pierce St

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Peritonitis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30" 1881

Undertaker, Peter Kommet

Place of Business, Mulberry St

A. H. Enich, *M.D.,*
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49912 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Wooden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Sixty Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 26 Stafford Ave

Cause of Death, First, (Primary.) Heating and adverse Scalds

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 30th 1881

Undertaker, E H Carman

Place of Business, 8 & Eutaw St

Wm Wheatley M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49913.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Willis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norris alley No 26

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 26 Norris alley

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) (3 days)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29 July 81

Undertaker, J E Hough

Place of Business, 320 Penn ave

Wm L Warner M. D.
Medical Attendant.

Address, Sticker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER]

Permit No. 49914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1887 BALTIMORE

Date of Death, July 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Rey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 215 Dolphin

Cause of Death, First, (Primary.) Pneumonia Measles

Second, (Immediate.)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 29

Undertaker, C. A. Blizzard

Place of Business, 201 Penn ave

J. J. Miller M.D.,

Medical Attendant.

Address, 8 N. Gilmore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49915 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday July 29 - 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Siebert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 21 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 346 N. Durham St

Cause of death, First, (Primary,) Pneumonia - acute,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 31 - 1881

Undertaker, B. Peale

Place of Business, 82 West St.

Geo H Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 49916

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Milton Collier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 225 South St.

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate.)

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 30th 1885

Undertaker, Fecha Lake

Place of Business, 161 E Balto St

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Corrie Bigham Cornelia

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London Co Va

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 189 Townsend St

Cause of Death First, (Primary,) Sero Cystic tumour of right breast

Second, (Immediate,) Cancer

Duration of last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 30th 1881

Undertaker, J. R. Houghton

Place of Business, 320 Pine Ave

J. E. Blagett M. D.
Medical Attendant.

Address, 361 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Certificate of Death, City of Baltimore.

Permit No. 49918 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minta Guy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* ~~*Months,*~~ *Days.*

Color, Colard

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Beast Cooks

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 148 Preston St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 3. Years

All the above information should be furnished by the Physician.

Place of Burial, Loyal Centry

Date of Burial, July 30th 1881

Undertaker, Jno. Gray

Place of Business, 65 Mulberry st

F. Wheat M.D.,
Medical Attendant.

Address, No 36 Davis

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 . 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Nelmsley. Wm Albert

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, ~~ Years, 8 Months, ~~ Days.

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number} 1 Mc Allister's Court

Cause of Death, First, (Primary,) Phthisis acute

Second, (Immediate,)

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29 of July

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Jno. A. Lowman M. D.
Medical Attendant.

Address, 238 E Mount St

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49920 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Elliott

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 6 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 Eastern Ave

Cause of Death, First, (Primary.) Rupture

Second, (Immediate.) Ulcd Intestines

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemy

Date of Burial, July 30th 1881

Undertaker John W. Locke

Place of Business, N. Wolfe St

James A. Steuart M.D.,

~~Medical Attendant.~~

Address, Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

...ame as below. Refer to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL RECORDS DEPARTMENT JUL 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Irvin Bowen.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 31 Years, 4 Months, 21 Days.

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis, Md.

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number} 32 Ohio Ave.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) "

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 30

Undertaker, Jacob Davis

Place of Business, No 103 Lee St

A. G. Watts M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49922 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gripp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 8 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Eutaw

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Acute Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 31st July 1881

Undertaker, Geo. W. Cochran

Place of Business, 130 Hanover St. *Address,* 168 Eutaw St

Geo. Dilla (?) *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Manshaw Buttler

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 6 *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S. A.

Duration of Residence in the City of Baltimore, A short time 2 years

Place of Death, { Give street and number } No 407 E. Eutaw

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30 July

Undertaker, Adam Fink

Place of Business, 461 W. Gay St *Address,* 121 E. Baltimore st

J. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49924

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Vogler

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 80 Payson St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, July 31 1881

Undertaker, John P. Paulus

Place of Business, 42nd ave

James A. Steuart M.D.,

~~Medical Attendant.~~ Comm of Health

Address, Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

Permit No. 49925 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Metto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 41 Wythe St

Cause of death, First, (Primary,) Teething & Heat

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31.

Undertaker, A. J. Blizard

Place of Business, 201 Pen. Ave

Hendrix Bond M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49926

The Physician who ~~attended any person~~ in a last illness is responsible for the presentation of this Certificate, accurately filled *ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Kühlborn

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Seven *Years,* Seven *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. W. Cor Sharp & West Sts

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 31st 1881

Wm Gouldel M. D.
Medical Attendant,

Undertaker, Julius Kaichen

Place of Business, Sharp & Lexington *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 49927 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edner Connelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 131 L Green

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 31st '81

Undertaker, Jas B Lowe

Place of Business No 707 W Baltimore Street

Thomas Cordell M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 49928 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 28, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Green,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, Colored,

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 273 McDonough St,

Cause of Death, First, (Primary.) Measles.

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 30 th

Undertaker, Charles A. White

Place of Business, 30 Granby St

F. W. Chambers M.D.,
Medical Attendant.

Address, 208. N. Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

State of Maryland, City of Baltimore,

Permit No. 49929

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minna Henrietta Bear

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Years, Twenty. Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, from birth

Place of Death, { Give street and number. } No 5 Albemarle Av.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.)

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Church

Date of Burial, July 31st

Undertaker, Ralph Bartlett

Place of Business, 62½ W Balt St Address, Fairmount Ave

Geo. W. Barlow M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. L Küchenmeister

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} Ferry Bar

Cause of Death, First, (Primary,) Run over by a wagon

Second, (Immediate,) Died from the effects of injury received by being run over by a wagon

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 30th

Undertaker, B. Harla

Place of Business, No 62 Westath

H. Leander Shepherd M. D.
Medical Attendant.

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jane Curran

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~ *Years,* 6 *Months,* ~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 53 S. Broadway

Cause of Death, First, (Primary,) Debility

Second, (Immediate,) Marasmus

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 31/81

J. C. Benzing M. D.
Medical Attendant.

Undertaker, M. F. Curran

Place of Business, 53 S. Broadway

Address, Fells Point & Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49932

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guillaume Etienne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 3 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} № 739 Hanover St

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.) Prostration

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W-Port Cemetery

Date of Burial, July 30th 1881

Undertaker, F. A. Kerchner

Place of Business, ——

Henry Salzer M.D.,
Medical Attendant.

Address, 163 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his ~~or her~~ last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49933 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Schank.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 Orleans St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Dropsy

Duration of Last Sickness, ~~24 Days~~ One Month

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cem'y

Date of Burial, July 31st 1881

Undertaker, Wm. Claw

Place of Business, 101 Gough St

E. F. Gaw, M.D., Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 49934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

Date of Death, July 29, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Henrich

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* 22 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ~~29 ft. Chapple St~~

Place of Death, {Give street and number.} 29 ft. Chapple St.

Cause of Death, First, (Primary.) Neuritis Brights

Second, (Immediate.) Anasarca

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 31 1881.

G. G. Lusk M.D.,
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Colerain St. *Address,* Balt. & Stark. Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49935

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hopkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 1611 Rear Eutaw St

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, July 30th 1887

Undertaker, Wm. N. Dungan

Place of Business, 1162 East Pratt St

Dunnett Hunt M. D.
Medical Attendant.

Address, 561 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 3 1881 BALTIMORE

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. G. H. Sanders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 8 *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Vincent St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Debility

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, July 31st 1881

Undertaker, Wm H. Dunges

Place of Business, 1062 East Pratt

W. D. Jordan M. D.
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 49937 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

Date of Death, July 29 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jno and Louisa (Leibold)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 ½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 111 Henrietta St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 30 - 1881

Undertaker, Jno Leibold

Place of Business,

James A. Stewart M. D.,

Commissioner of Health

Address, [redacted]

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jno E. Gunding

Permit No. 49938 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

Date of Death, July 29 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Fo[illegible]

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married*~~, *Single*, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 50 yrs

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 19 Constitution st

Cause of death, First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, July 31 / 1881

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

James A. Steuart M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Dr. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna E. Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ✓

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 200 S. Eutaw St.

Cause of Death, First, (Primary,) Mania a potu

Second, (Immediate,) Mel. Acuta

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 30th 1891

Undertaker, John Meacher

Place of Business, Park & Fayette Sts

E. H. Lindenberger, M. D.
Medical Attendant.

Address, 111 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49940 *Office of Registrar of Vital Statistics*

HEALTH DEPARTMENT JUL 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 29, 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith James Fremder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 221 Montgomery St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, July 30 81

H. E. Noble M.D.,
Medical Attendant.

Undertaker, Amsbury & Dewey

Place of Business, No. 263 E Pratt *Address,* 50 Hanover av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Tipold

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} W. 7 Barnes st.

Cause of Death, First, (Primary,) Pneum. Phthisis

Second, (Immediate,)

Duration of last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, July 31st 1881

Undertaker, Addison Fink

Place of Business, 464 W. Baltimore St.

L C Wuttemuth M. D.
Medical Attendant.

Address, 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th. July 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Slusczyanowsky

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Slusczyanowsky

Age, 1 Years, 6 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} 1 Amstadt Ct.

Cause of Death, First, (Primary,) Hydrocephalus Chronicus

Second, (Immediate,)

Duration of last Sickness, During Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 30th 81

Undertaker, M. Ehrens

Place of Business, 980 Canton Ave.

William Henkel M. D.
Medical Attendant.

Address, 1 Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund B. Duvall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Insurance

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co.

Duration of Residence in the City of Baltimore, most of life

Place of Death, {Give street and number} 185 Lanvale St.

Cause of Death, First, (Primary,) Concussion of Brain & Extravasation

Second, (Immediate,) Pneumonia & Congestion of Lungs

Duration of last Sickness, 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnet Breast Cem

Date of Burial, July 31st 1881

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

J. C. Hiller M. D.
Medical Attendant.

Address, 234 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 1881

Full Name of Deceased, { Write legibly and spell correctly If an infant not named, give names of parents. } Emiline Slater

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Sixty *Years,* Seven *Months,* Three *Days.*

Color, colored *Sex,* female

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co. Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number. } 22 Bethel St.

Cause of Death, { First (Primary,) Bilious Fever / Second (Immediate,) Prostration

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Potter's Field J. H. S. Jordan M. D.

Date of Burial, July 30 1881 Medical Attendant.

{ *Undertaker,* Thadeus Block *Address* 126 Mulberry St

{ *Place of Business,* 93 Hillyard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice. to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2269 Fraser

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1891 BALTIMORE

Date of Death, July 30, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cedonia Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 41 Greenwillow St

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Rapid Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31

Undertaker, Hercules Ross

Place of Business, 95 O'Donnell St

F. P. Keller *M. D.*
Medical Attendant.

Address, 1269 W. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Petersen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, [redacted] *Years,* — *Months,* — *Days.*

Color, Germany

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } [redacted]

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 34 Perry St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Talbot County

Date of Burial, July 31

Undertaker, Hercules Ross

Place of Business, 95 Conway St

P. W. Graves M.D.,
& H. Thompson M.D.
Medical Attendant.

Address, 90 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2267 Frazier

Board of Health, City of Baltimore,

Permit No. 4994 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 30 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O'Malley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 67 Parkin

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 31 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Fulton St

Edwd F. Mitchell M. D.,
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Timothy J Broderick

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 14 *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Clarin Co Pa.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, { Give street and number } 163 N Shroder St

Cause of Death { First, (Primary,) Catarh

Second, (Immediate,) Acute Tuberculosis

Duration of last Sickness, About 3 month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 31 1881

Undertaker, Matthew Codoga

Place of Business, 224 Mulberry St

C H Klein M. D.
Medical Attendant.

Address, 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49949

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

Date of Death, July 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leahey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~but Sixty~~ ~~Years~~ 68 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} # 61 Lemmon St

Cause of Death, First, (Primary.) "Phthisis Pulmonalis"

Second, (Immediate.) ———

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 31 1881

Undertaker, Matthew Coogan

Place of Business, 227 Hubbard St *Address,* 584 W Fayette St

D. G. Leuteraum M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49950 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29 July. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Massey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days.*

Color, blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 110 N Biddle

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1881

Undertaker, Wm S Gray

Place of Business, 65 Mulberry St

G Law Tompkins M.D.,

Medical Attendant.

Address, 129 N. Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mallow

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 58 Years

Place of Death, {Give street and number} & Neighbor St

Cause of Death { First, (Primary,) — Second, (Immediate,) Senile Decay

Duration of last Sickness, 8 Years

All the above Information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery Balto

Date of Burial, July 30th 1881

Silas M. Hunter M. D.
Medical Attendant.

Undertaker, Jno P. Smyrne

Place of Business, Front St Mar Loc

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49.952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta E. Crane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 293 Hanover St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church Creek Dorchester Co

Date of Burial, July 31st 1881

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts

Dr. J. Bell M.D.,

Medical Attendant

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Crane * 2268

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49,953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, W *Sex,* F

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 151 Preston st

Cause of Death, First (Primary,) Effusion

Second (Immediate,) Phthisis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 1st 1881

Undertaker, Ellis & Scriven

Place of Business, 271 N Eutaw st *Address*

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45,554

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 July 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Blackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* Ten *Days.*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Low Rue Alley No 49

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)}

Duration of Last Sickness, One Month & Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, July 31st 1881

{*Undertaker,* Wm H. Bishop Jr.

Place of Business, 67 Druid Hill Ave.

Baine

C. N. Baine M. D.

Medical Attendant.

Address 157 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45,558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. F. Stein

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U S A (Balto)

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 246 E. Madison st

Cause of Death, { First, (Primary,) — Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 1 1881

Undertaker, C J Rogers

Place of Business, 196 E Baltimore

J Ridgway Snader M. D.
Medical Attendant.

Address, 1121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45,556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th July 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friederike George

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... Years, 1 Month, 14 Days.

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} No 31 Miller Str. near Broadway

Cause of Death { First, (Primary,) Stomacace
Second, (Immediate,) Spasms

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 1st

Undertaker, Eco Schilling

Place of Business, Ashland Square Address, 121 N. Broadway

Robert Shelton senior M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45557 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July, 20th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Edelman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 528 Aisquith st

Cause of Death, First, (Primary.) Phthysis

Second, (Immediate.)

Duration of Last Sickness, ~~7 days~~ 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 2nd

Undertaker, Geo. Schilling

Place of Business, Ashland Lyman

W. B. Billingslea, M.D.,
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45958

The Physician who attended any person in a last illness is ~~responsible for the presentation of this~~ Certificate, *accurately filled out,* ~~to the~~ Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lauber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurant Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 18 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 92 2nd St

Cause of Death, {First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 1 1881

A. Aronson M. D.
Medical Attendant.

{*Undertaker,* John Henning

Place of Business, 358 Eutaw St

Address 145 Sixth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45585

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person superintending the burial~~, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Warchowski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight 8 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 475 S. Eden Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, August 1 1881

Robert Lowe M.D.,
Medical Attendant.

Undertaker, John Henry

Place of Business, 382 Orleans St. *Address,* 474 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45960

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Schuman.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, /

Place of Death, { Give street and number. } 65 Jefferson.

Cause of Death, First, (Primary.) Hooping Cough

Second, (Immediate.) Heart Complication

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemy

Date of Burial, July 31st 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

A. B. Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49.961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jne 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Ann West

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color Female *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrison St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Low St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, I saw the child in my office many

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimetary

Date of Burial, July 31st 1881

Undertaker, Abram Hayman

Place of Business, X 13 Saratoga St

Richd Dashiell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 45562 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1881 BALTIMORE

Date of Death, July 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Emmert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Ridgely & Pleasant St

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 5 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, Aug. 1st

Theodore Cotta M. D.,
Medical Attendant.

Undertaker, B. Hale

Place of Business, No. 82 West st. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45,563

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Russy

Sex, Male or Female, {Cross out the word not required in this line.} Famale

Age, 1 *Years,* 4 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 yr. 2½ mos.

Place of Death, {Give street and number.} #3 Shakspeare St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, July 31

Undertaker, W. Dingel

Place of Business, 1 Bond St.

John H. Rehberger M.D.,
Medical Attendant.

Address, #243 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 45.964 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Lillis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bal. city

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 3 Stevens Alley

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 30th 1881

Undertaker, Jas. B. Cook

Place of Business, No 707 W. Baltimore street

Eldridge C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49965

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Roy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and number.} 1124 S Ann

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 31st 1881

Undertaker, H. A. Daiger

Place of Business, 74 S. Bond

Jas E Donelan M.D.,
Medical Attendant.

Address, 1996 Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 47966 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st July, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Dunker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 161 Burgundy alley

Cause of death, First, (Primary,) Septemas (Tetanus)

Second, (Immediate,) .....

Duration of Last Sickness, 2 days and 2 nights

All the above information should be furnished by the Physician.

Place of Burial, Penna Ave Cem

Date of Burial, August 1st 1881

Undertaker, Wm J. Tiebner

Place of Business, 65 S. Eutaw St

James A Steuart M. D.,

~~Medical Attendant.~~ Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo E Gaylor [OVER]

Board of Health, City of Baltimore,

Permit No. 49967

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Keller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~Lifetime~~

Place of Death, {Give street and number.} N. W. Cor Stricker & Ramsay sts

Cause of Death, First, (Primary.) Inflammation of Stomach

Second, (Immediate.) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 1st 1881

Undertaker, Kimmett

Place of Business, 317 Mulberry

James T Cooney M.D.,
Medical Attendant.

Address, 319 Saratoga st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar (?) Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number} Cor Pine & Mulberry

Cause of Death, First, (Primary.) Cf

Second, (Immediate,) 2 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, August 1 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Louis McEastman M. D.
Medical Attendant.

Address, 849 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... & SON, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49969

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Conklin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} In U

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 1441 E Chase St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, August 1st 1881

E. B. Fenby M.D.,
Medical Attendant.

{ *Undertaker,* Dinny & Mitchell
{ *Place of Business,* 16 S. Broadway *Address,* 319 N. Central Ave

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49970

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31st 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah G. Whitaker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* — *Months,* 1 *Days.* 15

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 239 N Bond St Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 239 N Bond St Baltimore

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore.

Date of Burial, Aug 1

Undertaker, Fred S. Lyon

Place of Business, 344 Broadway

J. P. Coales M.D.,

Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 49971

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Public Weigher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} Off Pier 6 Light-St Wharf

Cause of Death, First, (Primary.) Accidently drowned

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, August 1st 1881

Undertaker, C. W. Jackson Jr

Place of Business, 75 N. Charles

L. A. Bevel M.D.,

Medical Attendant

Coroner 5e Dist

Address, 161 E Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49972

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza N King

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 227 Argyle Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 2nd 1881

D G Keller *M.D.,*

Medical Attendant.

Undertaker, Stewart + Mourn

Place of Business, 35 Park Ave *Address,* 89 Hoffman St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49973

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 31 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Iuge Isabe Eckstein

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, Nineteen *Years,* — *Months,* Twenty-five *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Nineteen years during life

Place of Death, { Give street and number. } 256 Lexington St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Lyons Mount cemetery

Date of Burial, August 2 nd 1881

Chas. D. Fuller M.D.,
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street *Address,* 146 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[SEE OTHER SIDE FOR PENALTY.]

Board of Health, City of Baltimore,

Permit No. 49974

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCandless

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 221 N. Gay St

Cause of Death, First, (Primary.) Gastric Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, Aug 1st

Undertaker, Henry H. Dukin & Son

Place of Business, 45 N. Charles

Geo. Lyons M.D.,
Medical Attendant.

Address, Cor Fayette & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas B. Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Doylas

Place of Death, {Give street and number} #52 N Calhoun St

Cause of Death {First, (Primary,) Apoplexy / Second, (Immediate,)

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Aug 1st 1887

Geo H. Lyon *M. D.*
Medical Attendant.

Undertaker, Deems & Mitchell

Place of Business, 58 & 60 W Fayette St *Address,* #1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 49976

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or ~~other person superintending the burial~~, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Reinhart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 2 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} No 204 Columbia Av.

Cause of Death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 1 August

Undertaker, Andrew Knott.

Place of Business, 208 Columbia Av.

C. L. Buddenbohn M.D.,
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Cullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 15 Minutes *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 60 Harford Ave.

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug. 1st

Undertaker, H. C. Weidefeld

Place of Business, 20 Fremont Ave

Wm. Burke Bayle M.D.,
Medical Attendant.

Address, Calvert & Fayette Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 49978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mary Able July 31/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Able

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, colute

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 451 E. Chase st

Cause of Death { First, (Primary,) Improper food
Second, (Immediate,) Indigestion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 2 1881

F. Attaway *M. D.*
Medical Attendant.

Undertaker, Harr Hoen

Place of Business, 324 Caroline *Address,* 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Haeckel

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, house wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 329 N. Central Ave

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, August 5 1881

Undertaker, Henry Heath

Place of Business, 329 Central Ave *Address,* 245 S. Sharp St

J. Flanner M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49980 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robinson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} German 36 yrs

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number.} Hospital Asylum

Cause of Death, First, (Primary.) Cancer Uterus (Epithelioma)

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Augustines Cem

Date of Burial, August 2 1881

Undertaker, Henry Heath

Place of Business, 80 Central ave

Geo. Hoffman M.D.,
Medical Attendant.

Address, 1882 Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if ~~requested~~ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Demme

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 years *Years,* 5 *Months,* *Days.*

~~Color,~~ White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mulhausen Thuringen Germany

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} 473 Eager Street (East)

Cause of Death First, (Primary,) Cronic Alcoholism

Second, (Immediate,) inanition & Exaustion

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 2nd

Undertaker, Geo C Schilling

Place of Business, Ashland & Eyrean

Geo J Simms M.D.
Medical Attendant

Office

Address, 240 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49982

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Bentley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 26½ West Fayette St.

Cause of Death, First, (Primary.) Carcinoma of Stomach

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Aug 1st 1881

Undertaker, D. M. Chase

Place of Business, 125 S. Howard St.

G. Glenville Lusk M.D.,
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert Arthur Baily

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 2 *Months,* ____ 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 38 Mc Eldery St. Extended

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 1st 1881

E. B. Feuby M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, ____ *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. G. SHEKANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49984

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 30 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 8 Years

Place of Death, {Give street and number.} 132 S. Eden St

Cause of Death, First, (Primary.) Accident

Second, (Immediate.)

Duration of Last Sickness, abt 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Aug 1st

Undertaker, M Clark & Son

Place of Business, 64 E Balto

Chas M. Morfit M.D.,
Coroner E.D. ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49985

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Butler.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, { Give street and number. } University Hospital

Cause of Death, First, (Primary.) (Exhaustion and Dyspnoea)

Second, (Immediate.) (Mitral Regurgitation)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial July 31/81

Undertaker, Fred A. Kercher

Place of Business, 50 Carroll Row

C. W. Mitchell *M.D.,*

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49986 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estelle Freeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 21 Bartlett

Cause of death, First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, August 2d 1881

Undertaker, John S Mackie

Place of Business, ...

Jas A Black M. D., Medical Attendant.

Address, 168 Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st, 7:45 a. m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Morton Katzenberger

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male.

Age, ——— *Years,* 6 *Months,* 9 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 72 Columbia Ave.

Cause of Death { First, (Primary,) Cholera Infantum Exhaustion

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug 1st 1881

Undertaker, John Meagher

Place of Business, No 150 Canden St

Ernest Elderdice M. D.
Medical Attendant.

Address, No E. Ln. Columbia Ave & Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49988

HEALTH DEPARTMENT
AUG 12 1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Christian

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Queen Anne's County

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} Iron & Warner Sts

Cause of Death, First, (Primary,) Child Birth

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Aberdeen Harford Co

Date of Burial, Aug 2d 1881

J. H. Buck *M. D.*
Medical Attendant.

Undertaker, J. Wm. Mackey

Place of Business, No 150 Camden St *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2421 Hanover

[OVER.]

Board of Health, City of Baltimore,

Permit No. 49989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31st 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Timm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* 20 *Days.*

Color, Colish

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Since birth

Duration of Residence in the City of Baltimore, 112 York St

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 1 1901

Undertaker, C. H. Krause

Place of Business,

J. W. Wilson M.D.,
Medical Attendant.

Address, 414 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 49990 *Office of Registrar of Vital Statistics.* Ward 8 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

Date of Death, July 31 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* ~~ *Months,* ~~ *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Lefferman's st

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 1 " 1881

Undertaker, John C. Jordan

Place of Business, Park ave

M. D.,

~~*Medical Attendant.*~~ *Address,* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Beverly Dess

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1901 BALTIMORE

Date of Death, July 31 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick E. Finnaty

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, ... *Years,* 14 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City,

Duration of Residence in the City of Baltimore, all his life.

Place of Death, { Give street and number. } No 8 Dover St. Baltimore.

Cause of Death, { First (Primary,) Cholera Infantum, / Second (Immediate,) Exhaustion, }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, R. Peter's Church

Date of Burial, Aug. 2d

Undertaker, J. H. Lummis

Place of Business, 317 Mulberry St.

John J. G. Kreh M.D.
Medical Attendant.

Address, 273 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 49992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Aug 1 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stewart

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Eight *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 14 Bruce St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Bruce St.

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 2 1881

Thos Quinan M. D.
Medical Attendant.

Undertaker, William Kenney

Place of Business, No 62 1881 *Address,* 680 N. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lis

Board of Health, City of Balti

Permit No. 49993 OFFICE OF REGISTRAR OF

The Physician who attended any person in a last illness is responsible for the presentation of this Certific *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTI

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bodd

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 69 E. Madison St.

Cause of Death First, (Primary,) Mastoid Abcess.

Second, (Immediate,) Pyaemia

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cr.

Date of Burial, August 4th 1881

Undertaker, J. P. Byrne

Place of Business, W. Fayette St

F. E. Chatard Jr. M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Health, City of Bal...

Permit No. 49994

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas Schumacher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Seven (11) *Months,* Four (4) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} - - - - -

Occupation, - - - -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 367 N. E. Broadway (Rear)

Cause of Death, First, (Primary.) Pseudo-Membranous Croup

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 2nd 1881

Undertaker, Adam Fink

Place of Business, 160 N. Gay St.

J. T. O. Stone M.D.,
Medical Attendant.

Address, 424 N. Gay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ow, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 49995

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person superintending the burial~~, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hartshorn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 79 east St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2nd 1881

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

A. M. Belt *M.D.,*

Medical Attendant.

Address, Cor St Paul & Madison Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health, City of Baltimore,

Permit No. 49996 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 1. 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hunter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Stockholm St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 2

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St

W. S. Booze M.D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ty of Baltimore,

Permit No. 4999 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olive E. Hovey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 76 Baker Ave

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Aug 3rd 1881

Undertaker, Armstrong & D

Place of Business, 263 Eighth Address, 146 Hanover St

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Specific ... below, and on List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49998

The Physician who attended any person in ~~a last illness is responsible for the presentation of this~~ Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Novak

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S.W. Cor. Jefferson & Washington

Cause of Death { First, (Primary,) Cholera Infant.
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery.

Date of Burial, August 2 1881

Undertaker, John Heaney

Place of Business, 382 Orleans St.

J. Heidelberg. M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...alth, City of Baltimore,

Permit No. 49999 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 31. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet V Greenfield

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 403 McHenry st

Cause of Death, First, (Primary.) Conflammation of bowels

Second, (Immediate.)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Aug 2 nd 1881

Undertaker, Wm B Cook

Place of Business, No 707 N. Baltimore Street

James Boyle M.D.,
Medical Attendant.

Address, 319 Aisquith st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50,000 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Crawford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

Patient brought from City Jail. Was in Jail 6 Months

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, August 1

Undertaker, Patrick Mullin

Place of Business,

H. J. Lacan *M.D.,*

Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 50001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt. 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ramsey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 363 Dorsey St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 363 Dorsey St

Cause of Death, First, (Primary,) Hemorrhage of bowels

Second, (Immediate,)

Duration of last Sickness, 2½ days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 22d 1881

G. W. Amos M. D.
Medical Attendant.

Undertaker, J E Dashiell & Co

Place of Business, 326 Saratoga Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50002

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Riggs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 13 Peach alley.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Aug 2 1881

Undertaker, H. A Kershner

Place of Business, S. Conkling ave *Address,* 206 Slaughter St

W. S. Bouze M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50003

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geiger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* 29 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 28 Yrs

Place of Death, {Give street and number.} 147 S. Dallas

Cause of Death, First, (Primary.) Accident. Falling down the hold of a vessel

Second, (Immediate.)

Duration of Last Sickness, abt 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Fleet at. Cem.

Date of Burial, Aug. 3th.

Undertaker, Hardstein Bipp

Place of Business, S. Bond st. 15

Chas. W. Wood M.D., Coroner E.D. Medical Attendant.

Address, 67 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50004

Office of ~~Registrar of~~ Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Zeisler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 5 *Months,* ..... 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } York Co. Pa

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give street and number. } 283 E. Lomb. St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, York, Pa

Date of Burial, Aug. 3. 1881

Undertaker, H. A. Dager

Place of Business, 7 & S. Ho. Ave

R. M. Manspeid M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2272 Hanover

Board of Health, City of Baltimore.

Permit No. 50005 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L. Stroman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 16 S Parkin Pl

Cause of death, First, (Primary,) ———

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 3

Undertaker, P. F. Cook

Place of Business, ———

Jno A Blake M. D.,
Medical Attendant.

Address, 16 S Parkin Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 0

Board of Health, City of Baltimore,

Permit No. 50006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

Date of Death, Aug 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml M. Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 325 Park Ave

Cause of Death { First, (Primary,) Lacerated wound of foot
, { Second, (Immediate,) Tetanus

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, August 2nd 1881

Undertaker, Stewart & Mowrn

Place of Business, 35 Park Avenue

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sophia Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 139 Conway St.

Cause of Death First, (Primary,) Cause of

Second, (Immediate,) Bowels

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 3rd

Undertaker, Wm. T. Roman

Place of Business, 131 E. Pratt St.

Geo. H. Smith M. D.
Medical Attendant.

Address, 913 E. Chas St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermine Johanna Herman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 3 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 503 W Baltimore

Cause of Death, First (Primary,) Gastro-Intestinal

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 2nd 1881

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

W. F. A. Kemp *M. D.*

Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50009 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alwina D. Klepper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 313 S. Bond st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid fever

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, August 4th 1881

Undertaker, Leonhard Kurz

Place of Business, 1127 S. Bond st.

Nicholas L. Dashiell, M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50010

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Abt 60 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Cook, &c,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince George's Co. Md.

Duration of Residence in the City of Baltimore, "Ever since she was a small child"

Place of Death, {Give street and number.} 125 E Eager St

Cause of Death, First, (Primary.) Bilious Fever, congestive Chill

Second, (Immediate.)

Duration of Last Sickness, abt 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, August 2. 1881

Undertaker, John C. Jones

Place of Business, 63 Park Ave

D M Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miriam Gruber

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, Mila

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, baby

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and number } 335 N. Eden St

Cause of Death { First, (Primary,) Injury from a fall
Second, (Immediate,) Meningitis

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Aug. 3rd 1881

Undertaker, Wm H. Hackman

Place of Business, 234 N. Gay St

Jno Morris M. D.
Medical Attendant.

Address, 5 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Sindall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 9 *Years,* 4 *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Marble Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 5 5 years

Place of Death, {Give street and number.} ~~2 36~~ 226 N Centre Ave

Cause of Death,
First, (Primary.) Chronic Diarrhoea for 6 years
Second, (Immediate.) Unknown, Mr probably Heart Disease & Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 4th 1881

Undertaker, Wm. H. Hackman

Place of Business, 234 N. Gay St. *Address,* Corner to P D

Edwin R Walker M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50013 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

Date of Death, Monday August 1 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Murley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wood Carver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cork Ireland. ✓

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} #487 E. Monument St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Acute Cartaunhal Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Bur

Date of Burial, August 3th 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St.

Geo J Dayton M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Lattie Cornbines

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 407 N Gay St

Cause of Death, First (Primary,) Laryngo-bronchial catarrh

Second (Immediate,) Apnoea

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, August 4th 1881

Undertaker, Adam Fink

Place of Business, 761 N Gay St

B. F. Gross M.D.
Medical Attendant.

Address 128 Church

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2° 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Weissenstein

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 69 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 179 Lexington Street

Cause of Death First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Ohel Schalem Cemetery

Date of Burial, 3rd August

Undertaker, Wm. Lilian

Place of Business, 101 Gough St

A. Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Wilkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 59 Vincent Alley

Cause of Death First, (Primary,) Diarrhoea & Measles

Second, (Immediate,) Bronchitis

Duration of last Sickness, about one Month

All the above information should be furnished by the Physician.

Place of Burial, Easton Shore Md

Date of Burial, Aug 3 1881

Undertaker, William Munger

Place of Business, No 62 East Street

By Way of Leon Bond J. H. White M. D.
Medical Attendant.

Address, 79 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 50067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the ~~burial~~, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

Date of Death, August 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A Harvey

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 2 *Years,* 3 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 354 W. Fayette St.

Cause of Death First, (Primary,) Tubercular Meningitis.

Second, (Immediate,)

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 3rd 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

H. J. Reinhold M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pinkie Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* four *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 89 Moore's alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, Three or four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greene Cemetery

Date of Burial, August 3rd 1881

Undertaker, Samuel M. Chase

Place of Business, Howard & Mill Address, 28

H. S. Bowie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

337 Howard st

Permit No. 50019

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ruth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 39 O'Donnel St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3d 1881

Undertaker, Henry Sander

Place of Business, 252 Canton *Address,* 1 Belvidere St

C. J. Williams M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50020

Board of Health, City of Balt

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out, to the Undertaker* or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

Date of Death, 24 August. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Noonan.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty one (31) *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widower~~ Widower, {Cross out the word not required in this line.}

Occupation, Silver-Smith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Waterford Ireland.

Duration of Residence in the City of Baltimore, Twenty four (24) Years.

Place of Death, {Give street and number.} No 11. Jackson's Court.

Cause of Death, First, (Primary.) Valvular disease of the Heart.

Second, (Immediate.) Peri Cardial Effusion - Eleven days

Duration of Last Sickness, About Six years. Confined to room about

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Aug. 26th

Undertaker, Wm Wehrmann

Place of Business, 175 E Eutaw

W C van Bibber M.D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Laura C. Inglis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Darlington Co S. C.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number} 389 Lanvale St.

Cause of Death, First, (Primary,) Old age & Nervous prostration

Second, (Immediate,) Softening of brain.

Duration of last Sickness, about two Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 3rd 1881

Undertaker, [illegible]

Place of Business, [illegible]

Christopher Johnston Jr. M. D.
Medical Attendant.

Address, 82 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 50022

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out, to the Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ryle

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 92 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 84 years

Place of Death, { Give street and number. } 1027 S. Chester St.

Cause of Death, First, (Primary.) ...

Second, (Immediate.) Gangrene

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug 4th 81

... *M.D.,*
Medical Attendant.

Undertaker, M. France

Place of Business, 280 Canton Ave *Address,* ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti

Permit No. 50023

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Marks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 66 Frederick Road

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 4th

Undertaker, John F. Paulus

Place of Business, 66 Frederick Rd.

J. E. Southerlin M.D.,
Medical Attendant.

Address, 584 W. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 50024

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 2. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 1 1/2 Wash. st.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Mesenteric Mischief

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug 3rd

Undertaker, Ambrose Kahler

Place of Business, 244 E. Lombard *Address,* Balt. & Bank Sts.

G. G. Lusk M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 57025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Janzine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Ten *Years,* Eight *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} Cor of Penn Lane & Harford Road

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate.) Hemorrhage of Bowels.

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4 1881

Undertaker, Henry Koch

Place of Business, 30 Central Ave

Dr Lyons — *M.D.,*

Medical Attendant.

Address, 137 N. Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 8 Lapsley Alley near Lafayette Ave

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Carcinoma of lungs

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug 3rd 1881

Undertaker, Jno. E. Chenoweth

Place of Business, 336 Penna ave

W. A. B. Dillman M. D.
Medical Attendant.

Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special

No. 50027

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Cooper

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 6 *Months,* ____ 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Pone

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number} 8 McElderry Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. Notary

Date of Burial, August 3rd E. B. Ferry M. D.

Medical Attendant.

Undertaker, Chas. A. Mull

Place of Business, 35 Grant *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50028

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Davila

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 281 N Durham St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 3 1881

Undertaker, Henry Koch

Place of Business, 308 N Eutaw

J. W. White M.D.,
Medical Attendant.

Address, 314 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60029

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Russla

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 281 N Durham St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Ch

Date of Burial, Aug 3d 1881

Undertaker, Henry Hoeck

Place of Business, 302 N. Central Address, 317 N Broadway

W. W. White, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 50030

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5 = 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Mader =

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Wht.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} Thos L Jones's Tannery W Broadway

Cause of Death, First, (Primary,) Marasmus Senilis.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Aug 7th 1881

Undertaker, John Marsden

Place of Business, No 150 Camden

F. E. Clam M. D.
Medical Attendant.

Address, Thos L Jones's Tannery
W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50031 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Saunders

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 6 days

Place of Death, { Give street and number. } 266 Battery Ave' Lexington

Cause of death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, Mt. Olivet Cemetery 10 days

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

R. H. D. Ellis *M. D.,*

Medical Attendant.

Address, 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the th, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50032 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dunker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, (—)

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} No 29 N. Greene St

Cause of Death, First, (Primary.)

Second, (Immediate.) Softening of brain

Duration of Last Sickness, about 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cr

Date of Burial, Aug 4th 1881

Undertaker, Peter Kummark

Place of Business, Mulberry St

F. Jenkins M.D.,

Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W. and Hattie M. Chesley—Parents,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* Three *Months,* ~~Three~~ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md "

Duration of Residence in the City of Baltimore, Three Months,

Place of Death, {Give street and number.} No 193 Edmondson Ave.

Cause of Death, First (Primary,) Gastro-intestinal Catarrh—Chronic, and inanition.

Second (Immediate,) Intermittent Fever, and Inanition.

Duration of Last Sickness, The Catarrh—about 2 mos"—Intermitent fever about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Aug 3 & 1881

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, Or. Dr. E. D. Henkel

Place of Business, ——

Address 148 N. Carey St. Balto"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50034

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If so Infant not named, give names of parents.} Howard Ruch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Plumb alley

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 3rd 81

Undertaker, Jacob Davis

Place of Business, 103 Lee street

W. S. Booze *M.D.,*

Medical Attendant.

Address, 20 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50035

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline C. Tillmon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 22 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 mos. 22 days.

Place of Death, {Give street and number.} 91 Amity St.

Cause of Death, First, (Primary.) Entero-colitis

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

I did not see the child and prescribed for it once.

Eldridge C. Price M.D.,

Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23rd 1881

Undertaker, S. W. Chase

Place of Business, Howard & Hill Ave. *Address,* 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50036 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

Date of Death, August 2 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 257 Cross St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4th 1881

Undertaker, S. H. Chase

Place of Business, 178 S. Howard St *Address,* 206 Sharp St

C. S. Booze M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50037

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1887 BALTIMORE

Date of Death, August 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Irvine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City,

Duration of Residence in the City of Baltimore, Always -

Place of Death, {Give street and number.} 24 Peach Alley

Cause of Death, First, (Primary.) Dissolving Lucifer Matches in her Mouth

Second, (Immediate.) Gastritis,

Duration of Last Sickness, About 20 hours -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, August 4th 3

Undertaker, Mr Davis

Place of Business, 103 Lee Street

D. H. Bell M.D.,

~~Medical Attendant.~~ Coroner - 1st Dist

Address, 161 E. Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50038 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. & W. J. Banks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Parents

Age, ~~Years,~~ ~~Months,~~ 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 272 McHenry St

Cause of death, First, (Primary,)

Second, (Immediate,) Insanitation

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergn

Date of Burial, Aug 2 1881

Undertaker, Chas. A. White

Place of Business, Granby St

Samuel Clemm M. D.
Medical Attendant

Address, Commissioners Health Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Aug. 2d; 4:50 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Linsenmeyer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* Three *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} No. 180 Columbia Ave.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Aug 4th

Undertaker, B. Harle

Place of Business, 82 West St,

Frank Hilderbrick M. D.
Medical Attendant.

Address, N.E. Cor. Columbia Ave. & Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 300440 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH AUG. 4 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hugh Collins -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White -

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 27 Hanover St c

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Aug 5th

Undertaker J. P. Burns

Place of Business, ~~24 Hanover St~~

J. W. Houck M.D.,
Medical Attendant.

Address, 75 E. Balt: St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 570[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2d Aug 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Kane Jr

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 215 St Paul St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate,) —

Duration of last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 4th Aug: '81

Undertaker, Denny & McIntosh

Place of Business, 69 S Broadway

T. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Roxolene Glen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lancaster Co Va

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, { Give street and number } 18 E. Chester St

Cause of Death, First, (Primary.) Softning of Brain

Second, (Immediate,) Debility

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, August 31st 1881

Undertaker, Denny & Mitchell

Place of Business, 615 Broadway

E. P. Irons M. D.
Medical Attendant.

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37043

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Backmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 30 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} N° 3 Columbia Ave Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 3 Columbia Ave

Cause of Death, First, (Primary.) general Debility

Second, (Immediate.) the same

Duration of Last Sickness, Lifetime

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 4th 1881

Undertaker, Geo. Bauer

Place of Business, 85 & W Balto

Henry Salzer M.D.,
Medical Attendant.

Address, 163 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50044

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Ferdinand Stein

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 6 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S. A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 1246 E. Madison

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 5th 1881

Undertaker, C. D. Rossiter

Place of Business, 196 E. Baltimore St

J. Ridgway Andrew M. D.
Medical Attendant.

Address, 121 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50045 *Office of Registrar of Vital Statistics.* Ward 19 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Glasgow

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 14 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Parish alley

Cause of death, First, (Primary,) Heat

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemy

Date of Burial, Augt 4th 1881

Undertaker, Saml W. Chase } James H Steuart M. D.,

Place of Business, ~~ } Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Effie Schroeder

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* / *Months,* / *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 63 Bank St

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Com.

Date of Burial, July 5th

Undertaker, Michael Funk

Place of Business, No 35 Bank St

Wm A Neill M. D.
Medical Attendant.

Address, 191 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50047 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie daughter of Gustave & Margarita Walter

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 18 Granby St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, 4th of August.

Undertaker, Fred Goode

Place of Business, No 29 S. Carolina St. *Address,* 11 S. Hyde St

A Lizotte M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 500148 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3 rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 11 Elizabeth Lane

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, August 5

Undertaker, B. Ward

Place of Business, 82 West N *Address,* 146 Hanover St

Clarence Bate, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edwin Hauck

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Seven *Years,* Three *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} N.E. cor Arlington Ave & Franklin St.

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) ——

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Aug 4th 1881

Undertaker, F. Steves Schafer

Place of Business, 109 N Fremont

A. G. Fox M. D.
Medical Attendant.

Address, 467 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50050 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Jasper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 8 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Down St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemet

Date of Burial, Aug 5th 1881

Undertaker, H. Ross

Place of Business, Conway St

James A Steuart M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form by Jo. V. Fitzpatrick [REGISTRAR]

Board of Health, City of Baltimore,

Permit No. 5705

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Aug 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Saunderstone

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Carolina Dr Bk

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 50 Vine St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis -

Second, (Immediate.) Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Aug 4 th

Undertaker, Chas A White

Place of Business, 35 Granby St

C. Goldsmith Smith M.D.,
Medical Attendant.

Address, 57 N. Eutaw St
Balto -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ermit No. 57052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, 8.3.81

ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Bryan

ex, Male or Female, {cross out the word not required in this line.}

ge, ——— Years, 2 Months, 11 Days.

olor, White

arried, Single, Widow or Widower, {Cross out the word not required in this line.}

ccupation,

irthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

uration of Residence in the City of Baltimore, 2 11/30 mos

lace of Death, {Give street and number} Lombard 2nd door East of Scott

ause of Death, First, (Primary.) Cholera

Second, (Immediate,) Infantum

uration of last Sickness, 5 days

All the above information should be furnished by the Physician.

lace of Burial, Hebrew Cemetery

ate of Burial, Aug 4th 1881

Undertaker, [illegible]

Place of Business, 476 Dorsey [illegible]

Louis Mc Cahan M. D.
Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

E. SULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50053

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

Date of Death, August 2d 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelton D Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 74 Church St.

Cause of Death, First, (Primary.) Congestion of the Lungs

Second, (Immediate.) Pneumonia Neonatorum

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, August 4 81

Undertaker, J. H. Perkins Sec

Place of Business, 130 Hennetta St

L. L. Lyles M.D.,

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Cundy

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, / *Years,* 2 *Months,* / *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2 Plum Row

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4th 81

Undertaker, Scott Perkins & Co

Place of Business, 132 W Saratoga

C. S. Boze M.D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3d, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Opsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 22 Shakspeare St

Cause of Death, First, (Primary.) Internal Convulsions.

Second, (Immediate.) .....

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Aug 4th 81

Undertaker, J. W. Cramer

Place of Business, 280 Canton Ave

John H. Rehlegen M.D.,
Medical Attendant.

Address, 143 Alice Anna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50056

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Amelia Steen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 11 *Months,* ..... 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Paris St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 4th 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 E. Baltimore st

W. McKenzie M.D.,

Medical Attendant.

Address, S.W. Cor. Fayette & Calvert sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Upton Scott

~~Sex~~ *Male or Female,* {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Retired Magistrate

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 34 N. Gilmor St,

Cause of Death, First, (Primary.) Renal degeneration

Second, (Immediate.) Uraemia

Duration of Last Sickness, Acutely sick one week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 5th 1881

Undertaker, Jos. R. Cook

Place of Business, No 707 N Baltimore street

Jno. S. Lynch **M.D.,**
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50038

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d August

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Leo McManus

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One *Years,* Ten *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 425 W. Fayette St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 425 W. Fayette St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain.

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 4th 1881

Undertaker, Jos. B. Leech

Place of Business, No 707 W. Baltimore Street

A. M. Littell, M. D.
Medical Attendant.

Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore.

Permit No. 50059

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Stevens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 169 Gorsuch St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Taylors Land. Ch Ster. County. M. d

Date of Burial, August 5

Undertaker, Hercules Ross

Place of Business, 15 Conway St

W. S. Booze *M.D.,*

Medical Attendant.

Address, 208 Slaughter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2275 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Jolly

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, × *Years,* 6 *Months,* × *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 57 Lt. McElderry St

Cause of Death First, (Primary,) Ch'd Infantum.

Second, (Immediate,)

Duration of last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial August 4th 1881

Undertaker, Abraham Wyman

Place of Business, 13 Saratoga St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50061

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Bollander

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give street and number. } Chas. & Lee Streets

Cause of Death, First, (Primary.) Suffocated by

Second, (Immediate.) Coal Gas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, August 5th

Undertaker, P. Hart

Place of Business, 42 West St.

T. A. Bell M.D.,
Medical Attendant.

Coroner's Office

Address, 161 So. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60062 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christopher Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 months *Years,* *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 2 Clayton Row near Calvert

Cause of death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant 14 mile Hookstown Road

Date of Burial, August 5th 1881

Undertaker, Peter L. Yorke

Place of Business, 3 Fell ave

O Edw Janney M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2276 Fairmount [over.]

No. 5065

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rawlings

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 *Years,* — *Months,* — *Days.*

Color, &c. —

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 12 Months

Place of Death, {Give street and number} 3 Oneal alley

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Heart Disease

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 4th 1881

G. W. Jones M. D.
Medical Attendant.

Undertaker, Wm H. Duggers

Place of Business, 1512 East Pr

Address, Constitution & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50064

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Margaret Gall

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 30 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. W. Cor Washington & Bank st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 5th 1881

Undertaker, John C Schuck

Place of Business, 265 Alice Anne St *Address,* 22 Jackson Place

Thomas B. Evans, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57065

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sybilla Mayunke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days:*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Parkersburg W Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} Basin opposite Calvert St. Res 60 Stockton St

Cause of Death, First, (Primary.) Suicide by Drowning

Second, (Immediate.)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 5th 1881

Undertaker, Geo Leinbach

Place of Business, 389 W Pratt St

Edmund R Walker *M.D.,*

~~Medical Attendant.~~

Address, Coroners P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 57066

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 5 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margent Jane Townsend

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number} 530 South Charles St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cem

Date of Burial, Aug 5th 1881

Undertaker, Geo. Koether

Place of Business, Same

H. L. Shepherd M. D.
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50,617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Walters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dalata

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} Spring 109.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Aug 4th 1881

Undertaker, P Mullen

Place of Business,

John A Schultz M.D.,
Medical Attendant.

Address, N E Cor Eutaw & Lex

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50.068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Witteman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* & 10 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 213 Montgomery St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) (Tubercular Phthisis)

Duration of last Sickness, Three years & a half

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 6th 1881

Undertaker, Julius Kuehn

Place of Business, Stop 8 Conn Av

H. Mason M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Corbett

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number.} 169 Hanover St

Cause of Death, First, (Primary.) Cerebral Inflammation

Second, (Immediate.) " "

Duration of Last Sickness, 1 week 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 6th 1881

Undertaker, C. L. Krause

Place of Business, 209 Hanover

Dr. Bosel M.D.,
Medical Attendant.

Address, 151 S. Eutaw " "

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50070

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
AUG 5
1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Moriarty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 299 N. Front St.

Cause of Death, First, (Primary.) Whooping Cough & Dysentery

Second, (Immediate.) Coma.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug. 5th

Undertaker, H. C. Wedefeld

Place of Business, 90 Greenmount Ave

Edward P. Smith M.D.,
Medical Attendant.

Address, 169 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...he Special Attention of Physicians is Respectfully Invited to the ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 50071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard H. Cloak

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 113 Raburn Street

Cause of Death { First, (Primary,) ... Cholera Infantum
, { Second, (Immediate,) ...

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 5th 1881

Undertaker, J. Frank Loane

Place of Business, 654 W. Balto St

Chas. H. Hall M. D.
Medical Attendant.

Address, 206 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50092

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Ahrend

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* —— *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 7 Patterson Ave

Cause of Death, First, (Primary.) Hepatitis

Second, (Immediate.) "

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, August 5th 1881

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

H. Obrecht M.D.,
Medical Attendant.

Address, 431 Lenna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50073 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Warner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 265 Light

Cause of death, { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 5th

Undertaker, B. Marks

Place of Business, 82 West St

Edward Cotta M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Garfield Williams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... 6 *Months,* ..... 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Cook St.

Cause of Death { First, (Primary,) Cholera Infantum

, { Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, August 5

Undertaker, B. Ward

Place of Business, 62 West St

Chas. H. Smith M. D.
Medical Attendant.

Address, 313 S. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50075 *Office of Registrar of Vital Statistics.* Ward 6 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 212 Mulliken St

Cause of death, First, (Primary,) Pertussis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5th 1881

Undertaker, Hemsley & Madden

Place of Business, ~~~

John A Lewis M. D.,

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos. P. Smith

Board of Health, City of Baltimore,

Permit No. 50076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Howell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 7½ Franklin St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 5th 1881

Undertaker, [illegible]

Place of Business, 75 N Charles

W. W. Chirurgo *M.D.,*
Medical Attendant.

Address, 274 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Daniels

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* 1 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Cor Pennsylvania Ave & Harford Road

Cause of Death, First, (Primary.) Diphtheria Malarial Fever

Second, (Immediate.) Hemmorhage of Bowels

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Applegarth

Date of Burial, August 5th 1881

Undertaker, Geo. Cook

Place of Business, 30 N. Central Av *Address,* 137 S Fitzhugh

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Beaumont

Sex, Male or Female, {cross out the word not required in this line.} —

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 St Peters

Cause of Death First, (Primary.) Tuberculosis

Second, (Immediate,) Hemorrhage (Pulmonary)

Duration of last Sickness, 12 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Aug 6th 1881

Undertaker, Jos B. Loch

Place of Business, No 707 N Baltimore st

S. H. Harney M. D.
Medical Attendant.

Address, 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50079

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Miles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1 y alley

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 8

Undertaker, J Davis

Place of Business, 103 Lee st

W S Booze *M.D.,*

Medical Attendant.

Address, 201 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50080

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Schultz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 4 *Months,* 17 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ~~———~~

Occupation, ~~———~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 Ridgely st.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Germin Lutheran Druid Hill

Date of Burial, August 5th 1881

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

Dr. L. M. Barclee M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50081 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

Date of Death, Dec 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Pflaumbacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (25 yrs)

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 119 E. Lombard St

Cause of death, First, (Primary,) Gen Dropsy

Second, (Immediate,) Apoplexy ?

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew

Date of Burial, Dec 6th 1881

Undertaker, Wm E Law

Place of Business, ——— *Address,* Register

Thos A Lewis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lazarus Gull

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, State Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 55 Orleans St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Helena Cem

Date of Burial, August 7th 1881

A Friedenwald M. D.
Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough *Address,* 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50083 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug't 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo't Elizabeth Saul (Levin) {Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Chase St. & Union R.R.

Cause of death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greed Hill Cem'y

Date of Burial, Aug't 6th 1881

Undertaker, A. Weidemeyer

Place of Business,

James Steuart M. D.,
~~Medical Attendant.~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Jo. P. Smith

Board of Health, City of Baltimore,

Permit No. 50084

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 4th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. E. Kruse

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 Henriette St.

Cause of Death, First, (Primary.) Morbid Dentition

Second, (Immediate.) Enteritis

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, August 5th

Undertaker, Ernst Lehlman

Place of Business, 200 Sharp St

R. J. N. Zall M.D.,
Medical Attendant.

Address, 152 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schuartz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant—

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 285 N Strickerd

Cause of Death First, (Primary,) Typho-Malarial

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, August 6th 1881

Undertaker, John Thacker,

Place of Business, 15 & 150 Camden

C. A. Lamey M. D.
Medical Attendant,

Address, 76 Hacen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50086 *Office of Registrar of Vital Statistics.* Ward 17 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hulda Schultzsch

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oschie Posen. Germany

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} S. S. Hohenzollern Locust Point

Cause of death, First, (Primary,) Diarhoea

Second, (Immediate,) — do —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Aug 5/81

Undertaker, Gladney Sanders

Place of Business, 252 Canton Ave

Dr. Mc Eugen Dawn M. D., Medical Attendant.

Address, S. S. Hohenzollern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 50087

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vaughn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Murphystown N. C.

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} 94 Dover St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 6

Undertaker, John Hoovens

Place of Business, 152 Lee St

C. D. Stevens M.D.,
Medical Attendant.

Address, 616 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 30088

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG ... BALTIMORE

Date of Death, August 5. 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Beck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 26 Chicago Av.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, August 5

Undertaker, John H. Owens

Place of Business, 152 Lee St

W. S. Booze M.D.,
Medical Attendant.

Address, 906 Shark St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Staffe

~~Sex~~, *Male* ~~or Female~~, { cross out the word not required in this line. }

Age, ~~_____~~ *Years,* ~~11~~ 1 *Month,* ~~11~~ 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } # 145 W Fayette St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, "Home the sweet Home"

Date of Burial, Aug 6th 1881

Undertaker,

Place of Business,

James A Tockti M. D.
Medical Attendant.

Address, 42 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30090

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

Date of Death, Aug 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Brooklyn

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Spasm

Duration of Last Sickness, 1 month

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 5. 1881

Undertaker, for Brannigan

Place of Business, 152 Division st

Mahony Brown M.D.,
Medical Attendant.

Address, 6 & McCulloh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50091 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ring

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 3 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 188 William St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenhill Cemetery

Date of Burial, Aug 5 81

Undertaker, Austin & Denny

Place of Business, Nid 63 Light St

Theodore Cotter M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Aug 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Female~~ Florance Hudson

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 67 ~~[illegible]~~ Gough St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 243 Gough St

Cause of Death, First, (Primary,) Premature Birth Insanation

Second, (Immediate,) Convulsion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 5

Undertaker, ~~[illegible]~~ Tiffee

Place of Business, 1 Bond St

J. E. Prichard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50093

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug. 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stefanie Haronek

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} ..... *Months,* ..... *Days.*

Age, 24 *Years,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wire-worker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hungary. 2 years

Duration of Residence in the City of Baltimore, ... ✓

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 6

Undertaker, W. Dysard

Place of Business, 15 Bond *Address,* City Hospital.

H. J. Lanier M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50994

The ~~Physician who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 5 1931 BALTIMORE

Date of Death, January 3 1931

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Gignac

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 334 Harford avenue

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Exhaustion (asthenia)

Duration of Last Sickness, Unknown one month 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, August 5th

Undertaker, Wendel Dippel

Place of Business, 1 Bond st. 151

H. H. Edwards M. D.
Medical Attendant.

Address 334 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 50095

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPART... AUG 6 1881 BALTIMORE

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty two *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St. Mary's County

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 5/81

Undertaker, Fredk. A. Koschmer

Place of Business, 50 Carrollton Ave.

C. W. Mitchell M.D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 30096

Board of Health, City of [illegible]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPART... AUG 5 1881 BALTIMORE

Date of Death, Aug 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mann Harkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland — 30 years in U S

Duration of Residence in the City of Baltimore, 30 year

Place of Death, {Give street and number.} 24 Jews alley (Old Town

Cause of Death, First, (Primary.) Overdose of Sandam taken by himself

Second, (Immediate.) Attended till death by Dr Rutledge

Duration of Last Sickness, 4 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral St

Date of Burial, August 6 1881

Undertaker, Jas Byrne

Place of Business, 63 Fremont St

Edm'd Walker M.D.,

~~Medical Attendant.~~

Address, Comm'r P S

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50097 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 8/8/1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James P. McGinley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 yrs 5 mos

Place of Death, { Give street and number. } 32 Sterrett St.

Cause of death, First, (Primary,) Burn

Second, (Immediate,) Prostration

Duration of Last Sickness, Nine (9) days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 5th 1891

Undertaker, Joseph F. Byrne

Place of Business, 59 N Eutaw

A. L. Shaw M. D.,
Medical Attendant.

Address, 37 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 30098

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 6 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Brasco

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* 11 *Months,* ~~—~~ *Days.*

Color, (Col)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 131 Sterling st

Cause of Death, First, (Primary.) Phthisis Acuta

Second, (Immediate.) about 2 weeks

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 5th 1881

Undertaker, Abraham Wayman

Place of Business, 3 Saratoga St

Jno M Cuzner M.D.,
Medical Attendant.

Address, 1386 Monument St E

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 30099 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 6 1881 BALTIMORE

Date of Death, August 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dickson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} City Hospital – Res 42 N Calvert

Cause of Death, First, (Primary.) Accidental fall

Second, (Immediate.) Various fractures & shock

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 5th 1881

Undertaker, Abraham Wayman

Place of Business, 12 Saratoga St

Edmund R Walker M.D.,

~~Medical Attendant~~.

Address, Corner N & D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 84.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E. & Wm J. Spears Parents

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ~~Years,~~ 5 Hours, ~~Months,~~ ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 N Mount St

Cause of Death, First (Primary,) Premature Labor - 8th Month.

Second (Immediate,) Exhaustion.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, August 5th 1884

Undertaker, W J Spears

Place of Business, Stock Yards

John. J. R. Stroud M.D.
" " "
Medical Attendant.

Address, 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50101 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 C 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Koehler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (34 yrs

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number.} 12 Booth St

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 6 "1881

Undertaker, Jos B Cook

Place of Business, 707 W. Balto

Thos A Newman M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Jos E Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 50102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Mollen

Sex, Male or ~~Female~~, {cross out the word not required in this line.} —

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 257 Alice Anna St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 6th August 1881 A. B. Billon M. D.

Medical Attendant.

Undertaker, John C. Schultz

Place of Business, 265 Alice Anna St. *Address,* 57 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Bankes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 74 Madison alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, August 6th 1881

Undertaker, Wm N. Duncan

Place of Business, No 62 East St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Ha...

Permit No. 50104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT Aug 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Stehn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 233 N. Dallas st

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 5th 1881

Undertaker, John Herwig

Place of Business, 382 Orleans St.

C. A. Buddenbohn *M.D.,*

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50105 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT Aug 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 529. W. Lombard

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, August 6. 81.

Undertaker, Matthew Cudgan

Place of Business, 227 Mulberry St. *Address,* 283. W. Lombard

Edw F. Michaelis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie V. Smith

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, X *Years,* 4 *Months,* 5 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 84 Eager St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartz

Date of Burial, Aug. 6th 1881

Undertaker, Engel Bro

Place of Business, 54 N. Broad

H. T. Kennold M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50107

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 5th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 44 S. Canal St

Cause of Death, First, (Primary.) Paralysis of Left Side

Second, (Immediate.) old age

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 6 August 1 P.M. Cmty.

Undertaker, Dippel

Place of Business, S. Bond Ste

G. A. Dohme M.D.,
Medical Attendant.

Address, 816 Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50108 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Murray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 Eastern ave

Cause of death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Chron Inflantum

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Aug 6th 1881

Undertaker, John W. Locks

Place of Business, ~~~

James H. Chisholm M. D.,

Medical Attendant.

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

Board of Health, City of B...

Permit No. 50109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Stern

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 71 Jefferson St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Brain symptoms

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, August 7th 1881

A. R. Stuart *M.D.*,
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna L. Crockett

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 176 Bentley St

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) A. Diet

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 6 to 1881

Undertaker, Smith & Sons

Place of Business, 263 Light

Geo. W. Brown M. D.
Medical Attendant.

Address, 144 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 37111

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5. 1881. Wmsett

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances F. Wmsett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 2 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 119 S. Bond St.

Cause of Death, First, (Primary.) Enteritis.

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug. 7th 1881

Undertaker, H. A. Sayer

Place of Business, 74 S. Broadway *Address,* 94 S. Broadway.

George H. Cole, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 50112

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 2 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Anna Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 05 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 248 E. Pratt St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Six Weeks - called in Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Aug. 7th 1881

Undertaker, Wm Daiger

Place of Business, 74 S. Paca

James E. Kemp M.D.,
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50113 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Riley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 93 Lee St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 6 1891

Undertaker, S. Wheare

Place of Business, 98 Howard St

L. M. Hall M. D.,
Medical Attendant.

Address, 962 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50114

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Bordley

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, About 85 *Years,* *Months,* *Days.*

Color, Colrd

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Mid-Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} [redacted] Kent County

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number.} 85 Orchard Street

Cause of Death, First, (Primary.) Hydrothorax

Second, (Immediate.)

Duration of Last Sickness, ~~Some Months~~

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7 1881

Undertaker, R Wehrase

Place of Business, 195 Howard St

J. Yingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50151 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Allen Holmes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 835 Howard St.

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, Aug 7 1881

Undertaker, H McClure

Place of Business, 195 Lanvale St

R. M. Hall, M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 50116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Agnes Kidd

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 12 *Years,* 9 *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt- Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } S. E. Cor Mulberry & Arlington Ave

Cause of Death { First, (Primary,) Phthysis Pulmonalis
Second, (Immediate,) Ekhaustion

Duration of last Sickness, 8 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, August 7 1881

Undertaker, James O Byrne

Place of Business, No 63 E. Fort Ave

Tho. S. Latimer M. D.
Medical Attendant.

Address, 187 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30117

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Bays

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, W

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Buenos Ayres, S. A.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 S. Mary's St.

Cause of Death, First, (Primary.) Cranitis

Second, (Immediate.)

Duration of Last Sickness, Never well - saw the ch for the first & only time two days before death

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 6 - 1881

Undertaker, John C. Jones

Place of Business, 68 Park Ave

C. B. Brilton M.D.,

Medical Attendant.

Address, Homoeo Free Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57118 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Koldeway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 1 *Months,* ✓ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany, (8 yr in U.S.)

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 110 Leadenhall St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Delerium Tremens

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 8 1881

R. J. N. Tall M.D.,
Medical Attendant.

{*Undertaker,* John Hennig
Place of Business, 582 Orleans St.} *Address,* 152 Thames St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 30119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Woiten

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 23 Shakspear St.

Cause of Death, First, (Primary.) Enteric Colitis

Second, (Immediate.) ~~Violent Inflam~~ Marasmus

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 7 1881

Undertaker, M. Funk

Place of Business, —

A. F. Erich, M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6 Aug 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lee Schmidt

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* [illegible] *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} [illegible]

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 74 Collington Ave.

Cause of Death, First (Primary,) Basilar meningitis

Second (Immediate,) Collapse

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 7. 5 P.M.

Undertaker, Henry Sanders

Place of Business, Canton Ave Near Broadway

B F Lemmon M.D.

Medical Attendant.

Address, 214 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 3012/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rhesus Balto Co Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} 436 N. Calhoun

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Pt Resolution Baltimore Co

Date of Burial, Aug 6

C H Stones M. D.
Medical Attendant.

Undertaker, J C Blizard

Place of Business, 207 Pine

Address, Cor Stiles & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balt...

Permit No. 50142

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Engel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 271 E Monument St

Cause of Death, First, (Primary.) Stab in the Abdomen

Second, (Immediate.) Peritonitis & Syncope —

Duration of Last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug. 6 1881

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave

Chas. M. Wolff M.D.,
Coroner & ~~Medical Attendant~~.

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5012 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Mann (Mothers Name)

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* seven (7) *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 161 W Lombard St Maturité

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number} 161 W Lombard St Maturité

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Asphyxia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ct. Pleb Cemetery

Date of Burial, Aug 6th 1881

Undertaker, D. McCullen

Place of Business, —

Guy S. Compton M. D.
Medical Attendant.

Address, 161 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Balt...

Permit No. 5012 4

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverla Steintzman

~~Sex~~, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, Dark.

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} Alley on S. Balto. Between Charles & Lig... (S. Montgomery St)

Cause of Death, First, (Primary.) Injury to foot.

Second, (Immediate.) Tetanus.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug. 6th 1881.

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St

Hector H. Goodman M.D.,
Medical Attendant.

Address, 645 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50126

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 7 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4. 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} 262 Hamburg.

Cause of Death, First, (Primary.) Dropsy.

Second, (Immediate.) —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, August 6.

C. W. Burge *M.D.,*

Medical Attendant.

Undertaker, J. Davis

Place of Business, 103 Lee Street

Address, 202 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50126 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augst 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Jackson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Grindalls Ct court

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Augt 6th 1881

Undertaker Jacob Davis } James A Steuart M. D., Medical Attendant.

Place of Business, — } *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 30127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen C. Nixon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, white *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 633 W. Pratt St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) convulsions

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery J. W. S. Jordan M. D.

Medical Attendant.

Date of Burial, Aug 7th 1881

Undertaker, Geo R. Cook

Place of Business, No 707 N. Baltimore Street *Address* 26 Mulberry 23

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba[illegible]

Office of Registrar of Vital Statistics.

Permit No. 50128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 1 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 223 Parish St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Pimlico Hill Cemetery with Parish St

Date of Burial, Aug 7th 1881

Undertaker, Jos. B Leach

Place of Business, No 707 N Baltimore Street

Bal. Co

J. McConnell M.D.,

Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Saffer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 365 Orleans st.

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 7th

Undertaker, Wendel Diffel

Place of Business, S. Bond st. 151

J. Heleolluberg. M. D.
Medical Attendant.

Address, 369 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57130 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1921 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 05 1921

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. M. Van Rossum

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 1405 So. Broad

Cause of death, First, (Primary,) Ty. Blood Fever

Second, (Immediate,) Toxemia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, August 7th

Undertaker, Wendel Dippel

Place of Business, S. Broad St. 151

G. L. Wilkes M. D.,
Medical Attendant.

Address, 714 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 50131 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Marasel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Austria

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number. } St Josephs Hospital

Cause of Death, First, (Primary.) unknown

Second, (Immediate.)

Duration of Last Sickness, 2 days in hospital

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 6th /81

Undertaker, Schnaithers

Place of Business,

F. Alburne M.D.,
Medical Attendant.
pro tem

Address, ~~216~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57132 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Millie Pleasant Thomas

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 20 *Years,* 5 *Months,* 23 *Days.*

Color, Colored *Sex,* female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } 22 S. Bethel St.

Cause of Death, { First (Primary,) Typhoid fever. Second (Immediate,) Hemorrhage from bowels

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co

Date of Burial, Aug 7th 1881

Jno Jordan M. D.
Medical Attendant.

Undertaker, Peter J Loeb

Place of Business, 173 Jefferson St *Address* 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans - 2277

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna B. Zeh[illegible]

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany, about 32 years,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 394 Franklin St

Cause of Death, { First, (Primary,) Supposed ulceration of stomach and enteritis. Second, (Immediate,) Haematemesis.

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 8

J. R. Fetterhoff M. D.
Medical Attendant.

Undertaker, Walter Emmel

Place of Business, 315 W. Biddle *Address,* 20 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 57134

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Eichhorn,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Saxe Bavaria, Thirty yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 559 E. Fayette Street.

Cause of Death, First, (Primary.) Chronic Intestinal Catarrh.

Second, (Immediate.) Delirium Tremens

Duration of Last Sickness, Two yrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Aug 7th 81

Undertaker, M. Franer

Place of Business, 220 Eastern Ave

G. G. Lusk M.D.,
Medical Attendant.

Address, Balto & Pratt Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 50135

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 '7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug 7th '81

Undertaker, Mc. France

Place of Business, 280 Canton Ave *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50136 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liddie Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17. Forrest St

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,) Old age

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 6 - 1881

Undertaker, William Dunge

Place of Business, Address, 1 Register

I Thos A Glenn M. D., Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Entry Book & Duplicate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 57127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5 88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucinda Gardner

Sex, Male or Female, { cross out the word not required in this line. }

Age, 10 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } Forest & Chase. St Francis Asylum

Cause of Death { First, (Primary,) Phthisis Pulmon

Second, (Immediate,) Asthenia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial Aug 6th 1891

Undertaker, J E Corcoran

Place of Business, 63 Saint Ave

F E Chatard M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30138 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 10 E Eutaw

Cause of death, First, (Primary,) (Old Age)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 7th 1881

Undertaker, John S Marcher

Place of Business, No 150 Camden

Geo A Miller M. D.,
Medical Attendant.

Address, 165 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50139 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 6 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 323 S. Bond St.

Cause of Death, First, (Primary.) Tuberculosis.

Second, (Immediate.)

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 7th 1881 John H. Rehberger M.D.,

Medical Attendant.

Undertaker, John C Schuh

Place of Business, 45 Alice Ann *Address,* # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th August 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Asia Garner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 65 Fairfield

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, August 7th 1881

Undertaker, Mrs Eiland

Place of Business, 101 Gough St *Address,* 57 Aisquith.

H Hoffman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1881 BALTIMORE

Date of Death, Aug 6/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bernard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} E Eager near Eager Somerset

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cem

Date of Burial, August 7, 1881

Undertaker, Henry Koch

Place of Business, 304 Canal Ave

Hanaman M. D.
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1881 BALTIMORE.

Date of Death, 6 of August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S Roseper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 0 *Months,* 5 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years 5 days

Place of Death, {Give street and number.} 252 Hanover st

Cause of Death, First (Primary,) Dyst Chronic

Second (Immediate,) Bloodpoisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Aug 8th 1881.

D N Haldeman *M. D.*

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address* 120 Pearl st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50 1413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 BALTIMORE

Date of Death, August 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Hart

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 76 Hudson St

Cause of Death, { First, (Primary,) Whooping Cough

{ Second, (Immediate,) Bronchitis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Appansea Cemetery

Date of Burial, Aug. 8th 97

J. C. Bach M. D.
Medical Attendant.

Undertaker, B. Hearle

Place of Business, No. 82 West St. *Address,* 15 Nanny St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50144 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 8 1894

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E. C. Yaeger

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 77 Parkin

Cause of death, First, (Primary,) Chronic Hydrocephalus

Second, (Immediate,) .....

Duration of Last Sickness, 5 Mon Chs

All the above information should be furnished by the Physician.

Place of Burial [redacted] cemetery

Date of Burial Aug 7 94

Undertaker, F. X. Foull

Place of Business, 131 Hanover St

Edw F. Mellvaine M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50145

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton Stern

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ 7 *Months,* 27 *Days.*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 118 N Gay st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, August 7th

Undertaker, Wm Jacoby

Place of Business, 445 S. Bond st

Fin Shaw M.D.,
Medical Attendant.

Address, 474 N Gay st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Entirely

Place of Death, {Give street and number.} 394 Columbia Ave

Cause of Death, First, (Primary.) Inflammation of the Brain

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, August 8 1881

Chas. Bell M.D.,

Medical Attendant.

Undertaker, Philip T. Dell

Place of Business, 183 Columbia Ave

Coroner's Office

Address, 161 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Moore

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 3 Calhoun Court

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thorpe's Cemetery

Date of Burial, Aug 7 1881

Undertaker, William Monroe

Place of Business, No 62 East St

J. C. Spruill M.D.,
Medical Attendant.

Address, 41 N. Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50148 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 425 N. Gay

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 13 days sick

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Church Cemetery

Date of Burial, Aug. 8th 1881

James E. Dennis M.D.,
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 1461 N. Gay St. *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50 1149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 7 1889

CERTIFICATE OF DEATH.

Date of Death, August 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Elsworth Fenkle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* 5 *Months,* 26 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Residence during life

Place of Death, {Give street and number} Jefferson 80 cor Dallas

Cause of Death First, (Primary,) Definition

Second, (Immediate,) Convulsions followed by Asthenia

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Aug 8th 1889

Undertaker, Adam Fenkle

Place of Business, 476 N. Gay St

T. J. Simms M. D.
Medical Attendant.

Address, 240 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE 4/1881

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 59 S. Caroline St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 7 1881

Undertaker, Thornton Locke

Place of Business, Spring & Jefferson

Thomas G. Evans, M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 50151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Aug 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard S Owens

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 3 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 76 Cider alley

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number} 76 Cider alley

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Aug 7 1881

Undertaker, John H Owens

Place of Business, 152 Gay St

M S Warren M. D.
Medical Attendant.

Address, Strickland Towers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~August 6th~~ August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Curren

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} No 1 Little St

Cause of Death First, (Primary,) Brights Disease

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Aug 7th 1881

Undertaker, John Thacher

Place of Business, No 139 Camden

Jno E. Blayton M. D.
Medical Attendant.

Address, 36 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50153 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or **sooner**, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 ~~Months,~~ 6 weeks ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} 30 S. Eutaw St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician. Hanford Road with Hearse

Place of Burial, Friends Burying ground

Date of Burial, Aug 8th 1881

Undertaker, Jos B Lewis

Place of Business, No 707 W. Baltimore street

A. L. Shuey M. D.,
Medical Attendant.

Address, 38 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50 154

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andrews

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, / *Years,* / *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 84 Lucerne St

Cause of Death, First, (Primary.)

Second, (Immediate.) Intestinal Inflammation

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Waynesboro Pa.

Date of Burial, Aug. 8th 1881

E. Jones Williams M.D.,
Medical Attendant.

Undertaker Henry Sander,

Place of Business, 252 Canton Av. *Address,* 7 Belmont St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No. 2278.

Permit No. 50155

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 6th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles K. Konecky

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~ ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 21 Lancaster

Cause of Death, First, (Primary.) Peritonitis, ———

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 7th 1881

Undertaker, Weyland Wm L Speed

Place of Business, 157 S Bond St

Thomas M.D.,
~~Medical Attendant~~

Address, 245 S. Johns

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Wellington.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 81 Welcome alley

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 7

{ *Undertaker,* Hercules Ross
Place of Business, 15 Conway St } *Address,* 206 Sharp St

W. S. Bogle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McKernan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~2~~ Years, 10 Months, ~~Days.~~

Color, White. *Sex,* Male.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 361 N. Howard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, August 8th 1881

Geo. J. Collins, M. D.
Medical Attendant.

Undertaker, Chas T. Scriven Richmond St. & Port Avenue
Address

Place of Business, 271 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 50158 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1887 BALTIMORE

Date of Death; Saturday Aug 6 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Hill

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 2 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 110 Register St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug 7th 1887

Undertaker, Cahn & White

Place of Business, 31 Granby St

Geo G Gaylor M. D.,
Medical Attendant.

Address, 2229 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 60159

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

Date of Death, Aug. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Agnes Fleming

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 14 Stiles st

Cause of Death, First, (Primary.) Bright's disease of Kidney

Second, (Immediate.) Pericardiac effusion

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~St~~ Patricks Cemetery

Date of Burial, Aug 9th

Undertaker, George Schilling

Place of Business, ~~Ashland Lyman~~

P. S. Dawes M.D.,

Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Scotland - 30 years

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 67 Eutaw Street

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Unknown natural but probably Gastritis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 8th 1881

Undertaker, Jno H. Weaver

Place of Business, 422 Fayette St

Edmund R Walker M.D.,
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Wright

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, the year

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Aug 9th 1881

Undertaker, Jno H. Weaver

Place of Business, 1122 W. Fayette *Address,* 92 Madison St

Chas Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transcribed 2279

Board of Health, City of Baltimore.

Permit No. 5016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter Kahn

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 834 S. Chapel St

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 8 1881

Undertaker, John Herring

Place of Business, 382 Orleans St

F. Thomas M.D.,
Medical Attendant.

Address, 424 Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Clock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Three (3) *Months,* ——— *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} 238 Eden street

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Wakeroi Cemetery

Date of Burial, August 9 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St

D W Dalrymple M.D.,
Medical Attendant.

Address, 474 N. Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50164

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edwin Nelson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 324 E Madison St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 8 1881

Undertaker, John Mercer

Place of Business, 382 Orleans St

Wm E. Russell *M.D.,*

Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57165

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Caroline Meier~~ Aug. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Meier

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 19 *Years,* 3 *Months,* ~~3~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 203 S. Wolf St.

Cause of Death, First, (Primary.) Catarrhal Pneumonia ending in Phthysis

Second, (Immediate.) asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 10 August 1881

Undertaker, John L. Schuck

Place of Business, 265 Mc Elderry Address, 17 S. Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Christopher Bormuth.

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore, 1 lbs.

Place of Death, { Give street and number } 135 Mid Ave.

Cause of Death, { First, (Primary,) Cholera Infantum. Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 8th

Undertaker, F. J. Tyrell

Place of Business, 131 Hanover St

John Burton Brune M. D.
Medical Attendant.

Per John E. Ecker.

Address, No 4 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 9 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Paul Lamp.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. W. Cr. Columbia Ave & Fremont St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} N. W. Cr. Columbia Ave & Fremont St.

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Asphyxia

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 8/87

Undertaker, Ph. Gill

Place of Business, 43 Columbia Ave

Thos Alderdice M. D.
Medical Attendant.

Address, N. E. Cr. Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below. [illegible]

Board of Health, City of Baltimore,

Permit No. 50168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Camille Lewis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 44 Courtland St

Cause of Death { First, (Primary,) Inanition
, { Second, (Immediate,) .....

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 8th 81

Undertaker, J. H. Weaver & Co

Place of Business, 22 W. Fayette St.

[signature] M. D.
Medical Attendant.

Address, [illegible] Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7th day of August 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Emmerich

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Store Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 216 Harrison Ave.

Cause of Death, { First (Primary,) Typhoid Intermittent Fever. / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, August 8th 1881

Fred. Hess M. D.
Medical Attendant.

Undertaker, Wm. Eiler

Place of Business, 101 Gough St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 50170

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Klessel.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (Lives in U.S.)

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 92 Hill St.

Cause of Death, First, (Primary.) Paralysis. (2 years duration)

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augs 9th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

R. J. H. Tall M.D.,
Medical Attendant.

Address, 15-28 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Barrett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 29 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 415 E. Eager Street

Cause of Death, {First (Primary,) Not known

Second (Immediate,) Scarletina Anginosa

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug. 9th

Undertaker, George Schilling

Place of Business, Cor Aisgurth & Fremont Sts

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Aisgurth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50172

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Hillering

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 240 N. Bond.

Cause of Death, First, (Primary.) ? Croup

Second, (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 8th 1881

Undertaker, George Shilling

Place of Business, Cor Aisquith & Monument Address 5 N Aisquith.

C H Coffman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 10½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Cole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 55 (about) *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sewing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 10 years. (about)

Place of Death, {Give street and number} 67 Campbell Alley.

Cause of Death, First, (Primary,) Cancer of Uterus-Cadeal valve

Second, (Immediate,) Exhaustion

Duration of last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, new cathedral

Date of Burial, July the 6-1881

L. R. Coales M. D.
Medical Attendant.

Undertaker, John C. Jardan

Place of Business, W. 63 park ave

Address, 118 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50174

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Water White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Three *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 118 York St.

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate.) Spinal Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 8th 81

Undertaker, Jacob Davis

Place of Business, 103 Lee St

L. D. Dyer M.D.,
Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50175

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
AUG
1881
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Robb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* ~~~ *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Capt

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give street and number.} Elliott St No 11

Cause of Death, First, (Primary.) Bright Disease of Kidneys

Second, (Immediate.) Valvular disease of heart

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, August 8th

W. E. Gilmore M.D.,
Medical Attendant.

Undertaker, Henry Sander.

Place of Business, 252 Canton Ave *Address,* 816 N Baltimore St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 50176

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Burkardt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 51 S. Duncan alley

Cause of Death, First, (Primary.) meningitis

Second, (Immediate.)

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 9th 81

Undertaker, M. Franca

Place of Business, 280 Canton ave

P. L. Daunch *M.D.,*

Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug. 7th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac George Gonering

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 10 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not requtred in this line.}

Occupation,

Birthplace, {State or Country and how long tn the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Since Birthe

Place of Death, {Give street and number.} # 258 S. Dallas St.

Cause of Death, First, (Primary.) Internal Convulsions following

Second, (Immediate.) Cholera Infantum.

Duration of Last Sickness, Four weeks.

All the above Information should be furnished by the Physician.

Place of Burial, St. Alp. Honorous Yd

Date of Burial, Aug 9th 81

Undertaker, M. Frame

Place of Business, 280 Eon Ton Ave

John H. Kehlberger M.D.,
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 50178 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Brown

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 64 years -

Place of Death, {Give street and number.} 91 Stockton St -

Cause of death, First, (Primary,) Apoplexy (Cerebral)

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudenslake Cem

Date of Burial, Aug 8th

Undertaker, C. H. Blizzard

Place of Business, 201 Pennsylvania Ave

S. Brooks M. D.,

Medical Attendant.

Address, 53 Patapsco Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5017 a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Adams

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, nine *Years,* ——— *Months,* — *Days.*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Centerville Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } No. 6 Division St.

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,) Convulsion

Duration of last Sickness, one week -

All the above information should be furnished by the Physician.

Place of Burial, Centreville Md.

Date of Burial, Aug 9 1881

Undertaker, Wm. J. Mahler

Place of Business 116 Orchard St.

Dr. W. H. Griffith M. D.
Medical Attendant.

Address, 216 N. Howard St. S. by-t. T.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2480 Francis

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 50180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8" 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha E Hearn

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 177 E Fayette

Cause of Death, { First, (Primary,) Infantile Colic / Second, (Immediate,) Exhaustion

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Aug 9th 1881

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St

J. Ridgway Ass. M.D.
Medical Attendant.

Address, 1212 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50181 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Frazier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Harbor - Pier 1 (Light St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Accidently Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 8th 1881

Undertaker, C. E. Krause

Place of Business,

Dr. A. Bell M.D.,

Medical Attendant.

Coroner 2d Dist.

Address, 161 E. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50182

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1911 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 Aug

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gray

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 6 Vincent alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 6 Vincent alley

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, August 7 1911

Undertaker, William A Duncan

Place of Business, 62 East St

Wm E Warner M. D.
Medical Attendant.

Address, Sticks & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Publ. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dickerson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hull Lane 13

Cause of Death, First, (Primary.) Rheumatism Heart disease

Second, (Immediate.) Dropsy Coma exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baker Evergreen Cem

Date of Burial, August 9 1881

Undertaker, William H Dugee

Place of Business, 10 Shelton Alley

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50184

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bickert Meyers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ice dealer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Midlfrank Bavaria Germany-

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} # 143 S. Regester St

Cause of Death, First, (Primary.) Sunstroke, followed by

Second, (Immediate.) Congestion of Brain.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 9th August

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

John H. Kelberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50178

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 50185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Brownell

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1123 N Pulaski St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, August 8th 1881

W. A. Hill M. D.
Medical Attendant.

Undertaker, Wm. O'Meara

Place of Business, No 202 N. Eutaw

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50186

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 8 9 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elsie Clayton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, 1st Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 46 Washington Ave

Cause of death, First, (Primary,) Spasm of Larynx

Second, (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 9th 1891

Undertaker, Julius Koehler

Place of Business, Sharp & Bros

Address, [illegible]

Wm A Duke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

nit No. 50187 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

e of Death, August 6. 1881

ll Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Collins

, Male or Female, {Cross out the word not required in this line.}

69 *Years,* 4 *Months,* — *Days.*

or, White

rried, Single, Widow or Widower, {Cross out the word not required in this line.}

upation, Brick maker

thplace, {State or country, and how long in the United States, if of foreign birth.} Md

ration of Residence in the City of Baltimore, Since Birth

ce of Death, {Give street and number.} 182 Johnson

se of death, First, (Primary,) Hypertrophy of the Heart & Asthma

Second, (Immediate,) Cholera Morbus Epidemic

ration of Last Sickness, Heart trouble for 6 yrs Cholera 12 hours

All the above information should be furnished by the Physician.

ce of Burial, Mt Auburn Cemetery

e of Burial, Aug 8 8

Undertaker, Anthony J Dugan

lace of Business, No 263 Fulton Ave

Thos Bond M. D.,
Medical Attendant.

Address, 146 Hunter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 50188 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4. 189

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Hopson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 33 York St

Cause of death, First, (Primary,)

Second, (Immediate,) Burns

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters Cemetery

Date of Burial, Aug 6 04

Undertaker, Nesbitt & Dwyer

Place of Business, 262 Lee Ave

Hermann Brite M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday August 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Dix

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} Ray St

Cause of Death { First, (Primary,) Cholera Infantum (Race)
, { Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, August 9 1891

{ *Undertaker,* H Ross
{ *Place of Business,* 95 Conway St

Julia A Hall M. D.
Medical Attendant.
Southern Dispensary
Address, 97 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30190 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward E. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Color'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 151 N. Bethel St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemet'y

Date of Burial, Dec 8th 1881

Undertaker, The E. Locke

Place of Business, ———

James A Evans M. D.,

~~Medical Attendant~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Leo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Dudley

Sex, Male or Female, { cross out the word not required in this line. } female

Age, ... *Years,* About 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 71 Fort Ave

Cause of Death { First, (Primary,) Indigestion
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 or 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 9

Undertaker, B. Hess

Place of Business, 52 West St

Bro. Smith M. D.
Medical Attendant,

Address, 313 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50192

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harman Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia, Germany

Duration of Residence in the City of Baltimore, Eighteen Years,

Place of Death, {Give street and number.} Harbor, bet Piers 7 & 8, (Light St Wharf)

Cause of Death, First, (Primary.) Accidently drowned

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial,

Medical Attendant. *M.D.,*

Undertaker, Eh Schlenker

Place of Business, 214 East Fayette *Address,* Hel Dr Sharp 8/9

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 8
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm James Ramsay

~~Sex~~, *Male or* ~~Female~~, { Cross out the word not required in this line. } Male

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 129 Pierce St

Cause of Death, { First (Primary,) Spinal Irritation
Second (Immediate,) Inflammation of bladder

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery J. N. Butler M. D.

Date of Burial, August 8th Medical Attendant.

{ *Undertaker,* C. H. Blizzard
{ *Place of Business,* Penn Ave *Address* 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 30194

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline A. Hyde

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... 5 *Months,* ... 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} North Ave near Balto-Easton

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) ...

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 9th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

H. H. White M.D.,
Medical Attendant.

Address, 317 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Mortimer,

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 36 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Clerk.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 356 N. Carolina St.

Cause of Death, First, (Primary.) Typhoid - Pneumonia,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Aug 9/81

Undertaker, Stewart & Morris

Place of Business, 35 Park Ave

J. J. Sullivan M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50196 *Office of Registrar of Vital Statistics.* Ward 11 & 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Hutton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 102 Jasper St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 8th 1881

Undertaker, W. H. Bishop } James A Steuart M. D.,

Place of Business, Druid Hill Ave *Address,* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Beverly Digges

Board of Health, City of Baltimore.

Permit No. 50197

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Frank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St. Vincents Infant asylum

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Basilar Meningitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bony Brae Cem

Date of Burial, Aug 9th 1881

Warbury Brewer M.D.,
Medical Attendant.

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7-1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc Cormick.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 50 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} 87 Stiles St.

Cause of Death, First (Primary,) Cirrhosis of Liver.

Second (Immediate,)

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 9th 1881

Undertaker, Last Byrne

Place of Business, Front St

Jno T Powell, M.D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50199

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dwyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 2 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland — many years

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Exposure } Jury Verdict

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, G. R. Cemetery

Date of Burial, August 9

{ *Undertaker,* Patrick Mullin

{ *Place of Business,*

Edmund R Walker M.D.,
~~Medical Attendant.~~

Address, Coroner in P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50201

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Balswald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty eight *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Phthisis Pulm.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, August 7

Undertaker, Patrick Mullin

Place of Business,

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~as carefully filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick C. East.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 5 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. E. Cor. Sharp & Dover Sts

Cause of Death First, (Primary,) Diarrhea

Second, (Immediate,) Inanition.

Duration of last Sickness, About 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Aug 8 1881

Undertaker, Jos A Leath

Place of Business, No 707 N Baltimore Street

J. Walton White M. D.
Medical Attendant.

Address, 1 S N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below. Fill up Blanks in Ink or Pencil.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 8 9 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 7-81-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mauer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County but one week

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Keyser St. near Baltimore St

Cause of Death First, (Primary,) Indigestion

Second, (Immediate,) Marasmus

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, August 8, 1881

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

J. Samuel Mantuch M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50203

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Berchel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seven (7) *Years,* — *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 44 Barnes St

Cause of Death, First, (Primary.) Dysentery Paucial Ulceration

Second, (Immediate.) Paralysis Insanitis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, August 8, 1881

Undertaker, Henry Hueb

Place of Business, 309 Central Ave

Sev Reborn M.D.,
Medical Attendant.

Address, 109 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Bernard Bruns' Child

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 148 E. Chew St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 9 1881

Undertaker, Henry Berg

Place of Business, 209 McCulloh

L. Shuster Hill M. D.
Medical Attendant.

Address, 432 W Lay lor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Eleanor Richey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 228 Saratoga st Balt

Cause of Death, First (Primary,) ———

Second (Immediate,) Consumption

Duration of Last Sickness, About 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 9 01

Jos L Fulton M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, ~~Corner Lexington & Paca~~ Pennsylvania Ave & Dolphin st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sizer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... Years, Sixteen Months, Fourteen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 South St

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) do ——

Duration of last Sickness, During august

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, August 9th 1881

Undertaker, Henry Bein

Place of Business, 262 Alice Anna St

James Bacon M. D.
Medical Attendant.

Address, Cor Argyle ave & Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50207

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mack

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 0 *Years,* 8 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 1186 S Regester St

Cause of Death, First, (Primary.) Choleral Infantum.

Second, (Immediate.)

Duration of Last Sickness, Nine Days.

All the above information should be furnished by the Physician.

Place of Burial, Mathia Burying Ground

Date of Burial, August 9th 1881

John H. Lehberger M.D.,
Medical Attendant.

Undertaker, Henry [redacted]

Place of Business, 252 Alice Anna St. *Address,* 1248 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50208

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth J. Means

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 355 E. Monument

Cause of Death, First, (Primary.) Rheumatic Gout

Second, (Immediate.) Dropsy

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 9th 1881

Undertaker, Fry & Bro

Place of Business, 64 N. Broadway

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Madison St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH. 50209

Date of Death, Aug. 5 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gergana N. Kews

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* and 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 3 Lambert St

Cause of Death { First, (Primary.) Cholera infantum
Second, (Immediate,) .....

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Aug 8

Undertaker, John Hewes

Place of Business, 15 & 17 Lee St

Chas Fawcett *M. D.*
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30210

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Winn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 227 S Bethel St.

Cause of Death, First, (Primary.) Internal convulsions

Second, (Immediate.) following Inflammatory Diarrhoea

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus

Date of Burial, 9th August.

Undertaker, Wm E Nicolaus

Place of Business, 258 Alice Anne *Address,* # 243 Alice Anne

John H Rehberger M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50211 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate ~~correctly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Schofield.

Sex, [redacted] *or Female,* { Cross out the word not required in this line. } Female

Age, 51 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give street and number. } 18 Montgomery St.

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 8th 1881

Undertaker, Daniel H. Chase

Place of Business, 127 S. Howard St

C. E. Boze M. D.,
Medical Attendant.

Address, 296 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50212

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. A. Carroll.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Born,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 85 Gwin's St.

Cause of Death, First, (Primary.) Enteritis,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Aug 6 1881

Undertaker, S. W. Chase

Place of Business, 94 Howard St

J. A. Chambers M.D.,
Medical Attendant.

Address, Lot 14 Ward 7,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50213

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Bacon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 3 *Months,* 0 *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year & 3 months

Place of Death, {Give street and number.} No 7 1/2 Lemon Alley

Cause of Death, First, (Primary.) Dentitis

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 8 1881

Undertaker, S McClure

Place of Business, 106 Howard St

B F Bohrer *M.D.,*
Medical Attendant.

Address, Cor of Pratt & Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the accompanying notice.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Levi

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 42 Douglas St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, August 9/81

Undertaker, H. Goldsmith

Place of Business, 53 N. High St.

Isaac H. Chew M. D.
Medical Attendant.

Address, 105 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 5021 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 328 E Lombard St

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Summer Complaint

Duration of Last Sickness, during his life

All the above information should be furnished by the Physician.

Place of Burial, Lt Auburn

Date of Burial, Aug 9th 1881

Undertaker, W France

Place of Business,

James A Steuart M. D.,
Medical Attendant.

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Verified by Dr H A Steuart — Statement given by Mr Miller at Undertakers

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Malone

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 203 Creek Lin St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Burst fan away

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holegrove Cemetery

Date of Burial, August 9

Undertaker, B. Hurli

Place of Business, 42 West St

C. M. Bunn M. D.
Medical Attendant.

Address, Balto & Paca sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50217

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jaspie

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Phthisis and Adenopathy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, Aug 9 1881

Undertaker, H. Kraus

Place of Business, Hanover st

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50218.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1861 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8 46

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rath

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nurnberg, Germany. 10 years in America.

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give street and number.} No 18 Maugoed St.

Cause of Death, First (Primary,) Schirrus of Uterus, Made Post mortem and found

Second (Immediate,) the Peritoneum also greatly involved

Duration of Last Sickness, about 13 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Tuesday Aug 9th 1881

Undertaker, Conrad & Kunkel

Place of Business. No 60 Park ave.

H. W. Webner M. D.

Medical Attendant.

Address 298 W Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Aug 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia S. Murphy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 283 Columbia Av.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Asthenia

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 9th 1881

{ *Undertaker,* John Thrasher
{ *Place of Business,* No 150 Camden St

Jno. P. Bates M. D.
Medical Attendant.

Address, 112 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses R Merryman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 84 Columbia St

Cause of Death First, (Primary,) Bright Disease

Second, (Immediate,) Peritonitis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Aug 10th 1881

Undertaker, John Thacher

Place of Business, No 150 Eastern Ave

S. H. Sunny M. D.
Medical Attendant.

Address, 76 Stark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 3022

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or ~~other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Rosalie Ward

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Six Months.

Place of Death, {Give street and number.} 219 W. Lexington St.

Cause of Death, First, (Primary.) Acute Hydrocephalis

Second, (Immediate.) Acute Hydrocephalis.

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Monrovia Howard Co

Date of Burial, Aug 10th 1881

W. R. Morgan M.D.,
Medical Attendant.

Undertaker, John L Backus

Place of Business, No 150 Camden *Address,* 119 W Monument St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2282 Transcribed

Board of Health, City of Baltimore,

Permit No. 50222

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1951 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelia Mary Lucas

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* 9 *Months,* 28 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 275 N. Eutaw St.

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Aug 9 1881

Undertaker, John C Garner

Place of Business, 63 Parker

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

For special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Fisher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 45 E. Pleasant St

Cause of Death { First, (Primary,) Dystocia. Puerperal
Second, (Immediate,) Hemorrhage (suppressed)

Duration of last Sickness, about 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 9. 1881

Undertaker, John C. Jones

Place of Business, 63 [illegible]

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30224

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguérite Goldsborough.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 — *Years,* 10 — *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} S. W. corner Gilmor and Harlem av. (221 Gilmor

Cause of Death, First, (Primary.) Measles —

Second, (Immediate.) Dysentery and Bronchs - Pneumonia -

Duration of Last Sickness, about 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, August 9th 1881

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St

R. H. Goldsmith — M.D.,
Medical Attendant.

Address, Harlem av. and Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50225

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lydia North

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 37 Warren Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Aug 9 81

Wm B Turner M. D.
Medical Attendant.

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 30226 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 10 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 187 Henrietta St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 9th 1885

Undertaker, D. H. Chase

Place of Business, Howard & Hill *Address,* 262 Sharp St.

L. M. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50227

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1st Eutaw St near Camden

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, August 3rd 1881

Undertaker, John C Stuck

Place of Business, 265 Hanover

D. J. Crosby *M.D.,*

Medical Attendant.

Address, 1 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 30228 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or cooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joel Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 192 S. Regester St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) followed by Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Schwartz's B. Grd.

Date of Burial, August 10th 1881

Undertaker, Wm A Dwyer

Place of Business, 145 S. Bond

John H. Kehlberger M.D.,
Medical Attendant.

Address, # 443 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50229

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William James Meades

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *~~Months~~,* 3 *Days.*

Color, Colard

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Non

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 125 Springs St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 9th 1881

Undertaker, Thos J Locke

Place of Business, #18 Jefferson

J W Cruse *M.D.,*

Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 10230 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Dushafer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 258 Cross St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, August 10th

Undertaker, Henry Brien

Place of Business, Hanover St *Address,* 146 Hanover

Leander Cobb M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50231 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilbur Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years.* 1 *Months.* ..... *Days.*

Color,

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 Wm St.

Cause of death, First, (Primary.) Dentition

Second, (Immediate,)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Aug 9th 1881

Undertaker, Armistead & Lemmon

Place of Business, Light & Monument

L. M. D. Giles M. D.,
Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Owens

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 108 Scott St

Cause of Death { First, (Primary,) Cholera Infantum
, Second, (Immediate,) Exhaustion + Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Aug 9th 1881

J. H. Gurney M. D.
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street | *Address,* 76 Hoch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~when filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 10 *Months,* 1 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Furniture maker (Laborer)

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} N 25½ S Calhoun

Cause of Death, First, (Primary.) Tuberculosis & Laryngeal Phthisis.

Second, (Immediate.) the same.

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 10

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

Henry Salzer M.D.,
Medical Attendant.

Address, 163 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50234 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as hereinafter set out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia C. Baynes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 7 *Months,* 14 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 67 So. Charles St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Uremia

Duration of Last Sickness, One (1) day

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery White Road

Date of Burial, August 9th 1881

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway

L. L. Wyllie M. D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Frazier

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number } 92 S. Washington st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, August 10th 1881

E. E. Paper per G. H. Fackler M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 55 St. Eulaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50236 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McGee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 9th 1881

Undertaker, Jos. Brooks

Place of Business, 107 W. Balto St

Edwd F. Nicholson M. D.,
Medical Attendant.

Address, 283 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50237 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

Date of Death, Aug 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schneider

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 S. Wolfe St

Cause of death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 10th 1881

Undertaker, M. France

Place of Business,

Thos A Steiner M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

1. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Taylor

Board of Health, City of Baltimore,

Permit No. 30238

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Hoffman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 Lancaster St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, L. C. Woodlawn Cemetary

Date of Burial, 10th August 1881

Undertaker, Leonhard Keyser

Place of Business, S. Bond St. No 2??

R. D. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50239

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hardiman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 9 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and number.} Wilkens Alley back, Washington Road

Cause of Death, First, (Primary.) Structure of the Brain
by a bank of Earth which fell upon him
Second, (Immediate.) Compression of the Brain

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, August 9

Undertaker, John H Owens

Place of Business, 152 Lee St

Dr J Beck M.D.,
Medical Attendant.
Coroner's Physician

Address, 161 E Lee St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry T. R. Stockman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* 2 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 423 Bonaparte

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Carrollton County

Date of Burial, 7 of August

Undertaker, J. Frey

Place of Business, Corner of Hayward & Broadway

H. F. Hill M. D.
Medical Attendant.

Address, 361 Fountain Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50241 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O. Bupert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 Smallwood St

Cause of death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Co md

Date of Burial, Augt 10th 1881

Undertaker, John P. Paulus

Place of Business,

Jas [illegible] M.D., Medical Attendant

Address, Comm of Health

V Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. E. Burdette

Board of Health, City of Baltimore,

Permit No. 51142

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 10 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry A Perkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lafayette

Place of Death, { Give street and number. } 13 Thompson St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augs 10th 1881

Undertaker, Henry W. Mears

Place of Business, 445 N. Gay St *Address,* 157 Aisquith St

E Hall Rutledge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wormser

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ~~*Years,*~~ 8 *Months,* 25 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 Central Av

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, August 10th 1881

{*Undertaker,* Wm Eden

Place of Business, 101 Gough St

A. Aronsohn M.D.
Medical Attendant.

Address 245 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. [redacted]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 11 1901 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 7 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruth Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 202 Lauer Ave

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.) .....

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 10

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St *Address,* 203 N Gilmor

Dr. G. Hamilton *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [redacted], 1:20 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Edgar Snyder.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Three *Years,* ——— *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} No. 84 Woodyear St.

Cause of Death First, (Primary,) Cynanche Tracheolis

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 11

Undertaker, J. B. Cook

Place of Business, 707 East Baltimore

[redacted] M. D.
Medical Attendant.

Address, N. E. Co. Columbia Ave. & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50246 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Clarke

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 3 *Months.* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 79 Hanover

Cause of death, First, (Primary,) ~~Cholera~~ Gastro Intestitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, August 10

Undertaker, B. Kirby

Place of Business, 82 West St

L. H. Ellis M. D.,
Medical Attendant.

Address, 310 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2283 Francis

[OVER.]

Permit No. 5024 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Ball

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* ~~6~~ *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 283 Mulberry St.

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, August 11 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H F Hill M. D.,

Medical Attendant.

Address, 361 Fountain St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5024 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED AUG 10 1901 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Bogle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} At Sea

Duration of Residence in the City of Baltimore, 4 Month

Place of Death, {Give street and number} N. 1 Mount Court

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 10 August

Undertaker, Randall Linch

Place of Business, 151 S Bond

Address, 148 Broadway

6 May, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 502449

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Turton,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, Colored,

~~*Married*~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 25 E Orleans st,

Cause of Death, First, (Primary.) Gastro-Enteritis,

Second, (Immediate.) Convulsions,

Duration of Last Sickness, Two Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 10 1881

Undertaker, Fred'k Locke

Place of Business, 403 Pratt

J. A. Chambers M.D.,
Medical Attendant.

Address, 208 N Bradway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50250

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tu August 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 3 0 years

Place of Death, {Give street and number.} Robinson's Brickyard Res 16 Philpot Alley

Cause of Death, First, (Primary.) Accidental fall of Earth in Clay Bank

Second, (Immediate.) & Head crushed

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Aug 10 1881

Undertaker, Thos J Locke

Place of Business, 1073 Jefferson

Edmund R Walker M.D.,

~~Medical Attendant~~.

Address, Coroner M P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice R. Taylor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Eleven *Months,* Twenty Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

~~Occupation~~, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 322 East Madison St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 11th of July.

Wm H Landrum M. D.
Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 27 S Caroline St *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50252

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Biegen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 137 S. Eden

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, August 10 91

Undertaker, Wm. Funk

Place of Business, 33 Bank St. *Address,*

A B Arnold *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50203

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

Permit No. 50253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. G. Earle

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Female.

Age, 14 *Years,* 7 *Months,* ~ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 125 Pearce

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 436 St. Catherine

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Prostration

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lakeswille Baltimore Co

Date of Burial, Aug 10

E. F. Jones M. D.
Medical Attendant.

Undertaker, A. F. Bloggett

Place of Business, 201 Pearce *Address,* Carlton & Pearce

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Jacks

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about two years

Place of Death, {Give street and number} 75 Welcome Alley

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Asthenia

Duration of last Sickness, about Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Augt 10th 1891

Undertaker, Jas W. Shane

Place of Business, S. Howard St *Address,*

Julius Ball M. D.
Medical Attendant.
Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Baltimore,

Permit No. 50255

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Volkmar

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ~~5~~ 56 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany - ~~42~~ 46 years in

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} City Hospital Ru W Baltimore No. 549.

Cause of Death, First, (Primary.) Suicide by pistol shot thro brain

Second, (Immediate.) while insane (Jury Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, August 11th 1881

Undertaker, ~~Adam~~ Heidemeyer

Place of Business, 518 W. Baltimore St

Edmund R Walker M.D.,
~~Medical Attendant.~~

Address, Coroners P S

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

50256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50256

HEALTH DEPARTMENT AUG 11 1894 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, — a long time

Place of Death, {Give street and number} 87 Harrison Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, 1118 Durden (Shaw's Sd)

Date of Burial, undertaker

Undertaker, Hodges the 10

Place of Business,

D. F. Hill M. D.
Medical Attendant.

Address, 317 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 50259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Baumuth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Augusta St No 511

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug. 10th 1881

C. L. Mahon M.D.,
Medical Attendant.

Undertaker, W. M. H. Huckman

Place of Business, 234 N. Gay St *Address,* Exeter St No 134

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ackaffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 1 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Barnes Alley

Cause of Death, {First (Primary), Second (Immediate.)} Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, August 10, 1881

Undertaker, Henry Hoch

Place of Business, 309 Gabriel Ave

A. Aronsohn M. D.
Medical Attendant.

Address 145 Lisguith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 9 of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50259 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Neeltje Ludlington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 83 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 924 S. Eden St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Stomach

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 10th 1891

Undertaker, Thos. S. Haynes

Place of Business, 20 E Balto St

G. L. Wilson M. D.,
Medical Attendant.

Address, 924 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 50260

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline C Cachet

Jemole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 110 N. Gay St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 1 "

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 11th 1881

Undertaker, Thos. S Hughe

Place of Business, 60 E Baltimore St

Thomas Opie M.D.,
Medical Attendant.

Address, 39 N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50261

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HLTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida R Cooper

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 262 E. Lanvale St.

Cause of Death, First, (Primary.) Ruptured Pulmonary

Second, (Immediate.) Dyspnoea two

Duration of Last Sickness, Four months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Augt 11th 1881

{*Undertaker,* Fry & Bro

{*Place of Business,* Cor Fayette & Broadway

G. G. Luck *M.D.,*

Medical Attendant.

Address, Balt & Park Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50262

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 9th - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Coates.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 336. Hanover. Street

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 11th

Undertaker, Henry Brill

Place of Business, Hanover St 81

R. J. H. Dall. *M.D.,*

Medical Attendant.

Address, 132 S. Stump. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 10 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bonney

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Chronic Alcoholism

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 10th 1881

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St

E. G. Keith *M.D.,*
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } G. G. Gillin Infant

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore. .....

Place of Death, { Give street and number } 232 Hanover St

Cause of Death { First, (Primary,) Gastro Enteritis

{ Second, (Immediate,)

Duration of last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 11/81

Undertaker, W. H. Blizzard

Place of Business, Penna ave

W. H. Grim M. D.
Medical Attendant.

Address, 1806 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50265

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. C. Wm. Perner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 54 *Years,* 6 *Months,* *~~Days~~*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} L. H. Co Bank & Washington st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 11th 1881

Thomas B. Evans M.D.,
Medical Attendant.

Undertaker, John C. Schuh

Place of Business, 265 Alice Anna St *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5702-66

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 69 Amity St — Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Amity St

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks — But very feeble since birth

All the above information should be furnished by the Physician.

Place of Burial, Wesent

Date of Burial, aug 11 1881

Jas. E. Gibbons M. D.
Medical Attendant.

{*Undertaker,* D. D. Kummert *Address* 47 Edmondson ave
{*Place of Business,* 317 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50267

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8. VIII. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sampman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 656 W. Pratt St.

Cause of Death, First, (Primary.) Typoid fever

Second, (Immediate.) Haemorrhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug. 10 1881

Undertaker, D. Kummert

Place of Business, Mulberry St. *Address,* cor Mulberry & Mycotte ave

Louis E. Horn **M.D.,**

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30268 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1889 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 9th 1889 (Saturday)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Krumm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7

Place of Death, {Give street and number.} Wharf foot of Thames St (Miller's)

Cause of Death, First, (Primary.) 1 Suicide Drowned

Second, (Immediate.) 2 3 (Supposed)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, August 10

Undertaker, Patrick Mullin

Place of Business,

Chas H. Wolff M.D.,
Corner E. Lo Medical ~~Attendant~~.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 51269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th of August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kleinhans

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 1175 Eliot Street Canton

Cause of Death, First (Primary,) died from a Cancer at the Breast

Second (Immediate,) Haemorrhage

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem.

Date of Burial, August 11. 1881

Dr. Charles Kourner M. D.
Medical Attendant.

Undertaker Henry Sander.

Place of Business 252 Canton Ave. *Address* pro 214 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50270

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B Dukehart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania 44 yrs

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 439 W. Fayette St.

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) .....

Duration of Last Sickness, Had been suffering from Paroxysms of Dyspnoea for several years but the last & fatal attack only began about five minutes previous to death.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Aug 11 1881

Undertaker, Ensor & Mitchell

Place of Business, 1501 Fayette St. *Address,* 432 W. Fayette St.

J. Shelton Hill *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 50271

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 99 N. Wash. St.

Cause of Death, First, (Primary.) Lock jaw (Unknown)

Second, (Immediate.) Asphyxia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bet Cemetery

Date of Burial, Aug 11 1891

Undertaker, Jno Herwig

Place of Business, ...

H. G. Kirk M.D.,
Medical Attendant.

Address, Balto & Wash. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th of August 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian Hasslach

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 85 *Years,* 11 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Piano-workman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 249 Hanover St.

Cause of Death, { First (Primary,) high age
Second (Immediate,) Apoplexy

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Comely

Date of Burial, Aug 12 91

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, H Brice

Place of Business, Hanover St 31 81 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 50273

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther L Shefstier

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} No 221 Chesnutt st

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflamation of Stomach

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Pleasant Shade Cemetery

Date of Burial, August 11th

Undertaker, Wm Eslaud

Place of Business, 101 Gought

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. [redacted]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Vrazescofski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 229 S. Ann St.

Cause of Death, First, (Primary.) Internal Convulsions.

Second, (Immediate.)

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St Michals Grave yard.

Date of Burial, Thursday 4 o'clock P.M.

Undertaker, John Brown

Place of Business, 224 S. Bethel St

John H. Rehlberger M.D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50275

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wolf

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 183 West Ot

Cause of Death, First, (Primary.)

Second, (Immediate,) Diptheria

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 11th 1881

Undertaker, E. P. Krause

Place of Business,

Geo. H. Benson M. D.
Medical Attendant.

Address, 414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50276

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Francis Dobson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 7 Bruce St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 & hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 11th 1881

Undertaker, Wm N Dunger

Place of Business, No 62 East St

J. C. Pinkney M.D.,

Medical Attendant.

Address, 41 N Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The spaces must be carefully filled as required by the Regulations below, and the List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50277

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Emick

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 70. *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 94 N. Gilmor

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Congestion of Lungs & Heart

Duration of Last Sickness, 5 days 2 attack

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug. 12th 1881

Undertaker, Thos. S. Murphy

Place of Business, 61 E. Baltimore St.

J. J. Richardson M.D.,
Medical Attendant.

Address, 584 N. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians, Undertakers and Coroners are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 11 1881
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, Brown Skin

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Mary Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 19 State Street

Cause of Death, {First (Primary,) Diarrhea; Second (Immediate,) Old age}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Aug 11, 1881

Undertaker, John L. Jones

Place of Business, 68 Park Ave

I. J. Ward M. D.
Medical Attendant.

Address 174 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30279

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann O'Halloran

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Clare Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} No 5 Rock[illegible]

Cause of Death { First, (Primary,) Second, (Immediate,) Cancer of Intestines

Duration of last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, August 11 1881

Undertaker, Matthias Cadogan

Place of Business, 327 Mulberry St

D. O'Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hetty Jackson

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, Years, Months, 4 Days.

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Brewer's Alley

Cause of Death, {First (Primary,) Second (Immediate,)} Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 11th 1881

Undertaker, Wm Jas. Gray

Place of Business, 65 Mulberry St

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the d of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting f as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dec and the cause and date of death, except in cases of births and deaths of illegitimate children. [o

The [illegible] to the Returns below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9 th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dolch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Driving life

Place of Death, {Give street and number.} 406 Eastern Avenue

Cause of Death, First, (Primary.) 1 accident

Second, (Immediate.) 2

3

Duration of Last Sickness, abt 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 10 1891

Undertaker, John Hennig

Place of Business, 382 Orleans St

Charles Morgan M.D., Coroner & Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10282

HEALTH DEPARTMENT 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Greenbury Washington Offley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bedford Mass.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} In the rear of 97 Chestnut St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Convulsions from Indigestion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 2 Aug 11th 1881

Francis L Jones *M. D.*
Medical Attendant.

Undertaker, Wm Frayman

Place of Business, 113 Saratoga St *Address,* 106 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Virginia Offley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 1 August St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery Howard Co

Date of Burial, August 12th 1881

Undertaker, John Inloe

Place of Business, 161 E Balto St

J. W. Houck M.D.,
Medical Attendant.

Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 50284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 91

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Winslow Copeland

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 88 *Years,* — *Months,* — *Days.*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Rockbridge Co. Va

Duration of Residence in the City of Baltimore, ~~4 hrs~~ 5 years

Place of Death, { Give street and number. } 17 Hillen st

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age

Duration of Last Sickness, Debility from age.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12th

Undertaker, Chas E. White

Place of Business, 35 Paca St Address, 134 N Eutaw

S. T. Logan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30285

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher F. Dietzly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 6 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 113 N. Wolfe St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 113 N. Wolfe St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) .....

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Cemetery in Druid Hill Park

Date of Burial, August 13/81

Undertaker, John Henrig

Place of Business, on Lane Store *Address,* 3 1/2 N. Broadway

W. W. White, M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50286

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius E. Gettier.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 Years, 6 Months, 29 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married,

Occupation, House-painter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 301 Argyle Ave.

Cause of Death { First, (Primary,) Typho-Malarial Fever
Second, (Immediate,) Extreme prostration of the Nervous System

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, august 12

{ *Undertaker,* C H Blizard
{ *Place of Business,* Pennsylvania and dolphin

Chas I Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50287 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Aug 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beatrice Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 156 N. Bush St.

Cause of death, First, (Primary,) Acute Catarrhal Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above Information should be furnished by the Physician.

Place of Burial, Eastern Cem.

Date of Burial, July 12. 1881

Undertaker, H. Hahnemann

Place of Business, 43 N. Eden St

Geo D. Dayton M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Rasmussen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 225 S. Broadway

Cause of Death First, (Primary.) Gastro-Intest. Catarrh

Second, (Immediate,) Exhaustion

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 11th August.

E. B. Ritter M. D.
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna. *Address,* 91 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50289

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Quinlan

~~Son~~, *Male* ~~or Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland (Harford Co)

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 360 N Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, August 11th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette St

The Surgeon M. D.
Medical Attendant.

Address, by Walter Lloyd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Fisher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* —— *Days.*

Color, Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 34 Vine St.

Duration of Residence in the City of Baltimore, 8 months.

Place of Death, {Give street and number} No. 15. Penn al.

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, August 11th 1881

Undertaker, W. N. Dungan

Place of Business, No. 62 East Lee

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 10th '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Spencer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } /

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bach. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S. E. Castle n.

Cause of Death, First, (Primary.) Cholera

Second, (Immediate.) Infantum

Duration of Last Sickness, Prescribed in my Office for the Child on Sunday 5th inst.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, 11 October

Undertaker, W. Dippel.

Place of Business, 151 St bond

John F. Newmann M.D.,
Medical Attendant.

Address, S. E. Cor. Castle & Bank n.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50292 *Office of Registrar of Vital Statistics.* Ward 4 1P 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augst 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard White

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8. Salisbury Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Chol. Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augst 11th 1881 James A Steuart M. D.,

Undertaker, C. A. White

Place of Business, Granby St *Address,* Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

No. 50293

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Kallfleisch

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy five *Years,* One *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gelnhausen Germany

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number} 183 Miller St

Cause of Death, First, (Primary,) Arterial Sclerosis Degeneration

Second, (Immediate,) Apoplexy

Duration of last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~ Mt Olivet Cem

Date of Burial, August 12th

Undertaker, Geo. Schilling

Place of Business, Holland & Aisquith

H. Stuart Parker M. D.
Medical Attendant.

Address, 183 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50294

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant male child of Thomas & Eliza Johnson Col'd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 17 *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 6 Clayton Row

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 6 Clayton Row

Cause of Death, First, (Primary.) Heat & Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Chas. St Cemetery

Date of Burial, August 11 1881

Undertaker, W. W. for Gray

Place of Business, 65 Mulberry st

Alexander Tinsley M.D.,

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50295 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug. 11th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bienert.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* ..... *Months,* ..... 5 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 279 S. Bond St.

Cause of Death, First, (Primary.) Congestion of Brain.

Second, (Immediate.)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonzus Cemetery

Date of Burial, August 11th 1881

Undertaker, Leonhard Kurz

Place of Business, S. Bond St. # 277

John H. Kehlberger M.D.,
Medical Attendant.

Address, # 243 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Sellmayer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number} S. E. Cor. Wolf & Fayette Sts.

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Aug 13 '81

Undertaker, M. Ettaner

Place of Business, 250 Canton Ave

H. Hollenberg. M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30297

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Kosinsky.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 3 *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single.

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 124 Thames St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 12th 81

Undertaker, Mc Franc

Place of Business, 980 Canton Ave

D. J. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

50 L 981

Board of Health, City of Baltimore,

Permit No. 50298

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kath. Long

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eight two *Years,* — *Months,* — *Days.*

Color, Wh

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (4 Yrs. in Balto.)

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 101 India Ave.

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate.)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, August 12th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

E. B. Burton M.D.,
Medical Attendant.

Address, Homoco. Inn Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50299

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 28 Sarah Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Aug 11th 1881

Undertaker, Wm A Burgess

Place of Business, No 62 East St

David E Powell M.D.
Medical Attendant.

Address, 1029 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2284 Harris

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarance Hamilton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* Four *Months,* — *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 97 Hargrove all

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number} 97 Hargrove al,

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 13 August

Undertaker, John C Jordan

Place of Business, 63 Park a

C. F. B. Gardner M. D.
Medical Attendant.

Address, 110 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50301 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1: 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday P.M. Aug 10, 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emma Watson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 179 Eastern Ave.

Cause of death, First, (Primary,) Congestion of the Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, August 12th

Undertaker, Wendel Gilpin

Place of Business, St Bond st. 151

Abm H. Cull M. D.,

Medical Attendant.

Address, 189 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50302

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bastian

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and number. } No 1 50 E Eastern Ave

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 12th

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 151

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 50303

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwig Virginia Hoatta

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hamburg 21 No 83

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 12th 1881

Undertaker, B. Hearle

Place of Business,

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50304

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace Davis

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number } 686 Lexington

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Aug 13th 1881

Undertaker, Wm Meeker

Place of Business, 150 Camden St

H. Y. C. Osborne M. D.
Medical Attendant.

Address, 211 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50305 — *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 18[illegible] BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} # 16 Hanover st

Cause of death, First, (Primary,) ——

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Home Cty

Date of Burial, Aug 12th 1881

Undertaker, John L Boehm

Place of Business, No 150 Camden st

Jno A Hanna M. D.,
Medical Attendant.

Address, 16 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 50306

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bindeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, First, (Primary.) Cholera morbus

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. James Cl

Date of Burial, Aug 13 1881

Undertaker, Henry Hook

Place of Business, 306 N. Central Av *Address,*

H. Wane *M.D.,*

Medical Attendant.

per Cau.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. H. Engelmeier

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 44 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number.} 252 S. Charles

Cause of Death, First, (Primary.) Phthisis pulmonum

Second, (Immediate.) Haemorrhagia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cem

Date of Burial, August 12, 1881

Undertaker, Henry Hoch

Place of Business, 30 Hanover Ave

M.D.,

Medical Attendant.

Address, 252 S. Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gertrude Mennis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* [illegible] *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, C

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 419 E Chase

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 12th 1881 J Ridgway Andre M. D.

Medical Attendant.

Undertaker, Inyl & Coy

Place of Business, 32 N. Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50309

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha V. Parkinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 12 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 333 N Eden st

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Hydrocephalus

Duration of Last Sickness, —— 4 wks ——

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 13th 1881

{*Undertaker,* Jno H Weaver

{*Place of Business,* 22 W Fayette *Address,* 134 N Hi

B. F. Coyne M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday august 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talk Simson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age (55) fifty five *Years,* and Twelve *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~126 E Fayett st~~ 36 years

Place of Death, {Give street and number} 126 E Fayett st

Paralised

Cause of Death {First, (Primary,) / Second, (Immediate,)}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Germany~~ Eden st Hebrew cemetery

Date of Burial, August 12th 1881

Undertaker, Wm Cline

Place of Business, 101 Gough st

G. C. Johns M. D.
Medical Attendant.

Address, 86 E Fayett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Noscick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 519 N. Gay St

Cause of Death, First (Primary,) Tetanus Nascentium

Second (Immediate,)

Duration of Last Sickness, 24 hours.

All the above Information should be furnished by the Physician.

Place of Burial, ~~H~~ Alfansus Cemetery

Date of Burial, 12th August

C. A. Aronsohn M.D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address* 145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30312

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Isaac Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 9 Little Calhoun St

Cause of Death, First, (Primary.) Tubercle

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, New Shiloh

Date of Burial, Aug 12

{Undertaker, Geo Boroughs

{Place of Business, ...

Chas E Statler M.D.,
Medical Attendant.

Address, 649 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30313 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 71 Hill

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Aug

Date of Burial, August 13

Undertaker, B. Mark

Place of Business, 42 West St

T. W. Welsh M. D.
Medical Attendant.

Address, 57 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 50314 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hannan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 132 York St

Place of Death, {Give street and number.} " " "

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sparks St Cemetary

Date of Burial, August 12th

Undertaker, G. W. Perkins & Co

Place of Business, 130 Hennett

W. S. Bunce M. D.,
Medical Attendant.

Address, 206 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50315

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 40 Peach alley

Cause of Death, First, (Primary.) Muco-Enteritis from Exposure

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12 to 81

Undertaker, Geo H Perkins & Co

Place of Business, 130 Henrietta st

L. L. Dyer M.D.,

Medical Attendant.

Address, 144 Hill St

L. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of {Give street and number} 1824 High St

Cause of Death { First, (Primary,) General debility

Second, (Immediate,) Hy Septremia & Congestion of Lungs

Duration of last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, Prince Georges Co Md

Date of Burial, Augt 13th 1881

Undertaker, Henry W. Mears

Place of Business, 115 N. Gay St

J H Branham M. D.
Medical Attendant.

Address, 80 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2285 Transcript

Board of Health, City of Baltimore,

Permit No. 50317

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12th August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hettering

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 240 N. Bond St.

Cause of Death, First, (Primary.) Diphtheritis.

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 13th

Undertaker, George Shilling

Place of Business, Cor Aisquith & Monument *Address,* 57 Aisquith

Hartman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5103.18 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harvey Young

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 253 Hanburg St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Aug. 12th 1881

Undertaker, Sam'l H. Shaw

Place of Business, 195 S. Howard St. *Address,* 206 Hanover St

W. S. Bog *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 10 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Foster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, Mulatto

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 79 h. Ann

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, August 12th

Undertaker, John Wessing

Place of Business, 38 Orleans st

J. Hartley M.D.,
Medical Attendant.

Address, 424 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50320

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Strzelicke

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ~~Years~~, ~~Months~~, 13 Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 184 Canton ave

Cause of Death, First, (Primary.) Icterus

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 13th

{*Undertaker,* Wendel Dippel

{*Place of Business,* S. Bond st. 151

Thomas B Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50321

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 14th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th. August

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabeth Meyer

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ab. 50 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower;*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ab. 30 years

Place of Death, { Give street and number. } 98 Conclste. (S)

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.)

Duration of Last Sickness, ab. 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balte. Cemetery

Date of Burial, Aug. 14/81

Undertaker, J. D. Rossiter

Place of Business, 917 Caton Ave. , *Address,* 517 Augusta

Hoffmann M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50323

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Clatchey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 58 Fairmount Av

Cause of Death, First, (Primary.) Fractured Skull

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 12th

Undertaker, Henry Boyle

Place of Business, Henrietta St 81

J. A. Wiles *M.D.,*

Medical Attendant.

Address, 108 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Watts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 171 York St.

Cause of Death, First, (Primary.) Exposure in the country

Second, (Immediate.) Typhoid Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13th

Undertaker, J. Davis

Place of Business, 103 Lee Street,

J. L. Dyer *M.D.,*

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 58325 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1934 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vera J. Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 57 Kenilworth Av.

Cause of death, First, (Primary,) Artificial Alimentation.

Second, (Immediate,) Inanition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Rest Haven

Date of Burial, Aug 14 34

Undertaker, Anthony J. Dean

Place of Business, 1126 Light St

H. H. Ellis M. D.,
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2 2.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE.

Permit No. 50326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Bark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 12 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 13 Jefferson st

Cause of Death, First, (Primary,) Cholera Infantum & Whooping Cough

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, 13th Aug.

Undertaker, John Herdig

Place of Business, 382 Orleans St.

J. Ridgway Snider M. D.
Medical Attendant.

Address, 121 Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

Permit No. 50327

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Plitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 325 Hanover

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 14 Th 1881

Undertaker, Pulling & Koehler

Place of Business, Sharp & Cross Sts

Howard Cox M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 30328

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 12th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Elizabeth Sprole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 22 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Addison alley near Ramsay

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Augt 13th 1891.

Undertaker, Peter Kummel

Place of Business, Mulberry St *Address,*

For Dr. Jos Bosley, M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 12th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Some place on the Eastern Shore

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give street and number.} In 111 N. Chapel between Orleans & Jefferson sts

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate.)

Duration of Last Sickness, about 4 month. was called in on Sunday

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Aug 13th 1891

Undertaker, Patrick Mullin

Place of Business, Patterson Pk. Ave *Address,* 299 E. Baltimore

James E. Donnelly M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50330

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lydie Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 18 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 18 S Carlton St.

Cause of Death, First, (Primary.) Brain disease

Second, (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 14

Undertaker, Wendell Dyer

Place of Business, 8 Pond 197

S K Smoot M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Green

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 90 N. Paca St

Cause of Death, First, (Primary,) Weakness from Birth - Inanition

Second, (Immediate,) Cerebral Anaemia - Paralysis Cerebri

Duration of last Sickness, Weak or 4t

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14 1881

Robert H. Mifflin M. D.
Medical Attendant.

Undertaker, H. W. Chase

Place of Business, 198 Shroeder

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(0744)

Board of Health, City of Baltimore,

Permit No. 50332 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

Date of Death, Aug 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Watek

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 31 Shuter street

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemy

Date of Burial, Augt 14th 1881

Undertaker, Adam Fink

Place of Business, 461 W. Pratt St

James A Stewart M. D.,

~~Medical Attendant.~~

Address, Comm's of Health

Registrar

Jas A Stewart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. & P. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50333 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug" 13. - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Margaret Deedumbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} * 240 S. Durham St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Old age

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 14 - 1881

Undertaker, H Dieu

Place of Business, 252 Alice Ann St

Jno A. Kelberger M. D.,
Medical Attendant.

Address, 243 Alice Ann St
per Clerk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50334 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brooks

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 100 Chestnut St

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Augt 13 1881

Undertaker, Wm Mullin

Place of Business, E. Park ave

James A. Steuart M. D.,

~~Medical Attendant~~

Address, Comm of Health

to Register the correct record.

Dec 10 1881

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Dr P. Smith

Permit No. 50335

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Cyloen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 47 Hanover Co Va

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 47 Hanover Co Va

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Exhaustion Heat Cholera Infantum

Duration of Last Sickness, 2 days 1 hr.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 11/

Undertaker, F A Kirchner

Place of Business, 50 S Carrollton Ave

Alexander Hunter M.D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 50336

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Lettner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 E Monument St

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh & Debilitas

Second, (Immediate.) & Marasmus

Duration of Last Sickness, 1 week — 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias cemetery

Date of Burial, Aug. 13. 4 o'clock

Undertaker, Henry Hubbeis

Place of Business, E Monument 261,

Wm Glover M.D.,
Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 50337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John V. Schermer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 Yrs *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} Aged Mens Home

Cause of Death First, (Primary,) Senile Decay

Second, (Immediate,) .....

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Augst. 14th. 1881

Undertaker, H. W. Jenkins Son

Place of Business, 76 N. Charles St

Gus H. Lyster M. D.
Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

Date of Death, August 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fritz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 233 Gough st

Cause of Death, First, (Primary,) Measles & Teething,

Second, (Immediate,) Inflamation of bowels,

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 13th 81

Undertaker, M. Franc

Place of Business, 980 Gen Ton Ave

A. T. Clarke M. D.
Medical Attendant.

Address, 235 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50339 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

HEALTH DEPARTMENT AUG 13 1901 BALTIMORE

Age, 13 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 Parkin St

Cause of death, First, (Primary,)

Second, (Immediate,) Epileptic Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Aug 14

Undertaker, J W B Cook

Place of Business, 707 W Lt Butler

Jno D Blake *M. D.,*

Medical Attendant.

Address, 148 Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50340 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Dehn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* ~~.....~~ *Days.*

Color, white

Married, Single, Widow

Occupation, ~~.....~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} a. a. Co md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 332 Hanover St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Gastro Duodenitis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, Augt 14th 1881

Undertaker, C. F. Krause

Place of Business, Hanover St

Edwin A. Stuart M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of F...

Board of Health, City of Baltimore,

Permit No. 5039 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th of August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Knight

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Managan Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 312 Raborg st

Cause of Death { First, (Primary,) Malarial Fever
Second, (Immediate,) Capillary Congestion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, August 14th 89

Undertaker, Matthew Sadorus

Place of Business, 227 Mulberry *Address,*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday. August. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora. Strauss.

Sex, Male, Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 31 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 122 Battery Avenue.

Cause of Death First, (Primary,) Meningitis.

Second, (Immediate,) Malaria.

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, August 14.

Undertaker, B. Hank

Place of Business, N. 52 West Saratoga St.

J. O. Harrington M. D.
Medical Attendant.

Address, Cor Cross & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50348 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1891 BALTIMORE

Date of Death, August 12. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estes E. Robbins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 34 Covington St.

Cause of death, First, (Primary,) Phthisis Incipient for few months

Second, (Immediate,) for 6 weeks before his death. The doctor was only called in a few days before death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 14

Undertaker, P. Hale

Place of Business, 82 West St.

Thos. Scott M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 10344

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 13 1 1901 BALTIMORE

Date of Death, Aug 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 69 S. Amity St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Oakhet Shalom Cong. Cemetery

Date of Burial, Monday Aug 15

Undertaker, Hartzell and Son

Place of Business, 22 W. Pratt St

A. K. Knodel M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 503482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1911 BALTIMORE

Date of Death, Aug 11th 1911

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt Frank Dailey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 34 City Block

Cause of Death, First, (Primary.) Moribund

Second, (Immediate.)

Duration of Last Sickness, Said to have been 8 days on York River

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 14 1911

Geo B Reynolds M.D.,
Medical Attendant.

Undertaker, Geo P Bynum

Place of Business, 63 Fremont *Address,* N. Eutaw Calvert & monument

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50346 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bolan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 S. Eden St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Augt 14th 1881

Undertaker, Jas P. Byrne

Place of Business, Front St

James A. Stuart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Recorder

Clerk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. E. Burdine

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50347

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days.*

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary Coun' Md

Duration of Residence in the City of Baltimore, About Eighteen Years

Place of Death, {Give street and number.} No 68 St Mary St

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteric Fever

Duration of Last Sickness, About Eight days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Aug 14 - 1881

Undertaker, Jos C Braun

Place of Business, 63 Paca

B. Rieman M.D.,
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50348

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Augt 15th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 30349 *Office of Registrar of Vital Statistics.* Ward 17 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 – 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabelle Dosh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 187½ Balt. Ave

Cause of death, First, (Primary,) Diphtheria Malignant

Second, (Immediate,) Nervous prostration

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, August 15th

Undertaker, R. Hess

Place of Business, 432 West St.

R. H. P. Ellis M. D.,

Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50350

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 14 19
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice H. Harrison

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} 145 S. Regester St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Lisle Valley Balto Co.

Date of Burial, 15th August

R. W. Mansfield *M.D.,*
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann, *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 50357

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

Date of Death, August 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet J. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 26 Ohio ave

Cause of Death, First, (Primary.) Asthenic Bronchitis

Second, (Immediate.) Apnea

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14th 81

Undertaker, Geo. H. Perkins & Co

Place of Business, 130 Druid Hill Ave

T. D. Dyer M.D.,

Medical Attendant.

Address, 146 Ohio Ave

J. W. DYER, M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50352 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 150 Henrietta St.

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Haemorhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, August 14th 81

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta

L. M. Hall M. D., Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50353 *Office of Registrar of Vital Statistics.* Ward 19 th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Moore (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 3, *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 298 Raborg St

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1881

Undertaker, W. H. Dunning

Place of Business,

James A. Steuart M. D.,
Commissioner of Health.
Address, Reg. Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

by John C. Dunning

Board of Health, City of Baltimore,

Permit No. 503574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand Hutsman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ~~———~~ *Years,* 5 *Months,* Eleven *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } ~~———~~

Occupation, ~~———~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Camden St. N° 95

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 14th 81

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 47 Conway St.

D L. H Barclay *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50355

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Isabella Crook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 11 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cecil Co.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} S. E. Cor Caroline & Thames Sts

Cause of Death, First, (Primary.) Epithelial Cancer of Uterus

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, August the 16th.

Undertaker, Fred Castle.

Place of Business, 29 S. Caroline st. *Address,* 51 S Broadway

C. B. Billard M.D.,
Medical Attendant.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2286 Harnett

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50356 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rupert Kohlerman

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 13 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 91 N. Eutaw St

Cause of death, First, (Primary.)

Second, (Immediate,) Inflammation of the Intestines Coecum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, August 14th 1881

Undertaker, C. Heuschel

Place of Business, Penna ave

James A. Stewart M. D.,

Medical Attendant.

Address, Com. of Health & Registrar

Sept 8th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50357 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1/2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 S. Castle St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms ~~~

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Augt 14th 1881

Undertaker, M Keane

Place of Business,

James A. Stewart M. D.,

Medical Attendant.

Address, Comm of Health

Per M Keane

Extract from Regulations of the Board of Health to secure a full and correct return of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50358 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th. August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Nitsa

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} E. Amstrat 280.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cathedral Cem.

Date of Burial, August 15

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 151

William Henkel M. D.,
Medical Attendant.

Address, E. Wolfert. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Klein

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. county

Duration of Residence in the City of Baltimore, since October 80

Place of Death, {Give street and number} 6 N. Gabe court

Cause of Death First, (Primary,) diphtheria

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, N. James town

Date of Burial, August 15

Undertaker, Wendell Diffut

Place of Business, S. Bond St. 151

Dr Albers M. D.
Medical Attendant.

Address, 95 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 10360

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Schifflein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 184 Robert St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, N. Matthews Gem

Date of Burial, Aug 14th 1881

Undertaker, Henry Sander

Place of Business, 252 Lancaster Ave *Address,* 17 Robert St

E. Brilliery M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 50361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 o'clock PM Saterday Aug 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Esabella Deegen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 21 *Days.*

Color, ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} S

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 16 Bennett St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 7 Chesapeake St between Hanover & Gillon

Cause of Death, First, (Primary,) Dentation Marasmus

Second, (Immediate,) Marasmus Inanation

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 15th 1881

J E Prichard M. D.
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, 252 Saratoga

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 30362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saphronia E. Roszel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} E. J. McCullough

Cause of Death First, (Primary,) apoplexy

Second, (Immediate,) Paralysis

Duration of last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th August 1881

Carroll Nevitt M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 76 N. Charles ~~St~~ *Address,* 22 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hyde

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, Fifty two *Years,* Nine *Months,* Nineteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Maryland Ave.

Cause of Death, First, (Primary,) Granular Degeneration of the Kidneys

Second, (Immediate,) Pericarditis (Semi coma Convulsions).

Duration of last Sickness, First (Primary) Unknown Second (Immediate) Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th August 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* 228 N Eutaw St

Alfred Hanslaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnus Gilliams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 137 Raburg St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Nine days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harp St. Cemetery

Date of Burial, Aug 14th 1881

Undertaker, Wm. C. Burgee

Place of Business, No 15 Walker St

Chas. W. Heft M. D.
Medical Attendant.

Address, 306 N. Gaylor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 50365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED AUG 15 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 13 — 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Emmet Porter

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 15 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } 163 Fairmount Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, August 15th 1881

Undertaker, John Tate

Place of Business, 161 E Butler St

Jno B Benzinger M. D.
Medical Attendant.

Address, 18 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50866

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Hooker.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 3 weeks ~~Months~~, 3 — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Visitor

Place of Death, {Give street and number.} 292 Argyle Ave.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Intestinal Hemorrhage

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Centerville Queens ans co MD

Date of Burial, Aug 15

Undertaker, C W Blizzard

Place of Business, 201 Penn av

A R Gould M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2287 Transit

Board of Health, City of Baltimore,

Permit No. 50367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gennivan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 abut *Months,* *Days.*

Color, wht

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore; —

Place of Death, {Give street and number.} 15 Federal St

Cause of Death, First, (Primary.) marasmus.

Second, (Immediate.) —

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem Lot G Lane Dancyhill

Date of Burial, August 15 1881 *M.D.,*

Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 2718 E[illegible] *Address,* 1294 N. Biddle St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50368 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 4 *Months,* 15 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 206 Warner St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14

Undertaker, H Ross

Place of Business, 95 Conway St

C. M. Hall M. D.,
Medical Attendant.

Address, 262 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 13 August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 Years, 4 Months, 3 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, {Give street and number.} 69 Fawcett

Cause of Death, First, (Primary.) Apoplexia

Second, (Immediate.)

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sunday August 14th

Undertaker, Dan Rossing

Place of Business, Orleans st near Edw

H Cattman M.D.,
Medical Attendant.

Address, 57 Aisquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 58370

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Lijewski

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 2 Bartlett St

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number} # 2 Bartlett St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, St Michaels Cem'y

Date of Burial, August 15th 81

Undertaker, Phil O'Neill

Place of Business, 183 Columbia ave

A. G. Watts *M. D.*
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUBL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50371 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Fuck

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1481½ E Madison St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, since birth —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 16th

Undertaker, Geo Schilling

Place of Business, Eichland Square

A L Gould M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50372

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 14, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} N 488 Chase St. (East)

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Diphtheritis

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug. 15th 1881

W. W. White, M.D.,
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 1461 N. Gay St. *Address,* 247 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 13 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Shaw Son of John Shaw & Wife Continent Line Mary Nawtaine Hawkins Point

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* 3 *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Banker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, May 15th 1789

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 18 S. High St.

Cause of Death, First, (Primary.) While in the act of retiring on the night of the 7th inst; fell

Second, (Immediate.) & struck the side of his head against a chair, producing

Duration of Last Sickness, Coma, from which he never rallied

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 15th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 11 S. High St

A Traynor Thruston M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R. Mitchell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 288 N. Broadway

Cause of Death, First, (Primary.) old age

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Augt 16th 1881

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St

Geo. B. Reynolds M.D.,
Medical Attendant.

Address, N. E. cor Calvert & Monument Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10375

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPTM ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fuller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C 2 Yrs

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 159 N. Calhoun st

Cause of Death { First, (Primary,) Enemus Nascentium
Second, (Immediate,) ...

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15th 1881

Undertaker, Stewart & Moore

Place of Business, 35 Park ave

J. Harvey Hill M. D.
Medical Attendant.

Address, 119 Hanover ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 — 1881 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Rogers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Theatr actor &c

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 2 Fredrick St. near Baltr Ave

Cause of Death {First, (Primary,) Ashes Enteritis — Second, (Immediate,) Fever Typhoid —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Aug 16th 1881

Undertaker, Wm H. Hickman

Place of Business, 231 N Gay St.

J. Fassett Martin M. D.
Medical Attendant.

Address, Baltr Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Roth,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 39 Fountain St.

Cause of Death, First, (Primary.) —

Second, (Immediate.) Meningitis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug. 16 '81

Undertaker, M. Franc

Place of Business, 980 Canton Ave

A. F. Erich *M.D.,*
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 14/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Klein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 176 S. Durham St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug 16 87

Undertaker, H. Frana

Place of Business, 750 Canton Ave

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50379

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Sutler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Dey *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 32 Lord St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16th 1891

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

Wm. Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jones.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 5 *Days.*

Color, Wh

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 30 Rose st. near Eutaw

Cause of Death, First, (Primary.) Diptheria.

Second, (Immediate.) ~~10 days~~

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15th 1881

Undertaker, Wm. Jas. Gray

Place of Business, 68 Mulberry st

G Lane Tanyhill M.D.,

Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harris Childs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, About 4 Years

Place of Death, { Give street and number. } N. Gilmor St – No 228

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 13

L. G. Sparrow M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Pine

Address No 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57382

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty four *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Buckburner.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Texas

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Burn

Second, (Immediate.) Shock & Exhaustion

Duration of Last Sickness, Twenty hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, August 15 1881

Undertaker, Hercules Boss

Place of Business, 95 Conways

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50383

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward V. Son of Edward & Elizabeth Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~ ~~Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 232 N Dallas St

Cause of Death, First, (Primary.) Congenital Marasmus

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16th August

Undertaker, Adam Smith

Place of Business, 461 W. Gay St *Address,* 11 S. 14th St

A. Crapster M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30384

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 8 or 9 years

Place of Death, {Give street and number.} 43 South Carrick St

Cause of Death, First, (Primary.) Accidentally run over by a train attached to Engine No 2 Washington

Second, (Immediate) from Train B & O R R,

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 15th 1881

Undertaker, J B Mustin

Place of Business, Eutaw & Camden

S A Bell M.D.,

~~Medical Attendant.~~ Coroner 3d Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Yost

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 24 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number} 212 N Front St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Ds.

All the above information should be furnished by the Physician.

Place of Burial, Bladensburg Md.

Date of Burial, Aug 15.

Undertaker, Francis Gasch

Place of Business, Bladensburg

J. H. Trunkard M. D.
Medical Attendant.

Address, S of N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2288 Francis

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50386

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy V. Brooks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 14 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 6 Sterrett St.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 6 Sterrett St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Canle

Date of Burial, Aug 15th 1881

Jno. C. Harris M. D.
Medical Attendant.

Undertaker, Jno. W. Chase

Place of Business, Hoen and Hill Sts.

Address No 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. A. Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 2 Constitution al

Cause of Death First, (Primary,) Malarial

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. Public cemetery

Date of Burial, Aug 15th 1881

Undertaker, Patrick Mullen

Place of Business, P. P. ave

C. H. Branham M. D.
Medical Attendant.

Address, 30 N Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, which [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 14. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katy Hoarnes

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 326 Orleans St.

Cause of Death { First, (Primary,) Cholera Infant / Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 16 1881

Undertaker, John Henning

Place of Business, 382 Orleans St.

J. Heleobenberg M. D.
Medical Attendant.

Address, 369 E. Pattimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Dixon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boiler maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 285 W. Biddle St

Cause of Death First, (Primary,) Nervous Exhaustion

Second, (Immediate,) Marasmus.

{He had Homicidal mania before and since then

Duration of last Sickness, About fourteen years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 15th 1881

Undertaker, J B Cook

Place of Business, 707 W. Balto St

F. J. Keller M. D.

Medical Attendant.

Address, 126 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kuhl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Messenger for Cash System

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 289 Columbia Avenue

Cause of Death, First, (Primary.) Cerebral Congestion 1st - 2nd wks Cerebro Spinal Meningitis Sublacian Atony & Lung -

Second, (Immediate.) Internal Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 15th 1881

Undertaker, Jas B. Cook

Place of Business, No 707 N. Baltimore Street

Dr. J. Lee M.D.,
Medical Attendant.

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50391 , *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED AUG 16 1881 BALTIMORE

Date of Death, August 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Shuffler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 564 Schroeder

Cause of death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md

Date of Burial, Aug 16 1881

Undertaker, Jos. B. Coale

Place of Business, No 707 N. Baltimore Street

Theodore Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2289 Harnett

Board of Health, City of Baltimore,

Permit No. 50392 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pasqualine Risso

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 26 S. Broadway

Cause of death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem.

Date of Burial, Augst 16. 1881

Undertaker, John C. Schuth

Place of Business, Aliciana St

James A Stewart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Geo E. Taylor

Board of Health, City of Baltimore,

Permit No. 50393

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14/91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jay Boulden -

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 9 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Surveyor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 672 W Lombard St

Cause of Death, First, (Primary.) Debility, resulting from Chronic Nephritis

Second, (Immediate.) Gastro Enteritis -

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 16

Undertaker, McElfish & Shields

Place of Business, 60 N Carrollton ave

W McLenahan M.D.,
Medical Attendant.

Address, 5 W Lexington St Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 10394 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Near Hampstead Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Deppish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Three (3) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N E cor Oliver & Caroline Sts

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,) Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, August 16 1881

Undertaker, John Tate

Place of Business, 161 Balto St

Fred Flohr *M. D.,* Medical Attendant.

Address, 47 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50395

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janette Newman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Millington Av.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. Aug 16 1881

Date of Burial, Aug 16 1881

Undertaker, Henry Heath

Place of Business, 306 N. Eutaw St

G. L. Lusk M.D.,

Medical Attendant.

Address, Balto Prof. Bldg

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50396

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fraug

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Tailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 70 Lawrence St

Cause of Death, First, (Primary.) Cancer of the Rectum

Second, (Immediate.) Abdominal

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician.

Place of Burial, St Lawrence

Date of Burial, Aug 16 1881

Undertaker, Henry Hoch

Place of Business, 30 N. Central Ave *Address,* 119 N. Eden St

E. Wiseburn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50397

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Beirliff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} 111 East Biddle St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, L. Olivet

Date of Burial, Aug 16 1881

J W Chambers M.D., Medical Attendant. 140

Undertaker, Henry Hoch

Place of Business, 36 N. Eutaw *Address,* 133 Exeter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50398

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Roberts

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 180 Payson St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16 1881

Undertaker, Hemsley & Maddox

Place of Business, 116 Orchard St

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50399 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Wyeath St.

Cause of death, First, (Primary,) Spasm

Second, (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 16 81

Undertaker, Dulin & Dorsey

Place of Business, 1262 Light St

H. L. Stein M. D.,
Medical Attendant.

Address, 38 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50400

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob F. Grimage

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 L. McElderry St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 15th

J. M. Cooman M. D.
Medical Attendant.
per E. B. Fraley M. D.
319 N. Central Ave

Undertaker, Ed. A. White

Place of Business, 35 Granby St *Address,* 208 Hanover Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50401 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Harrison

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Ten *Years,* Three *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 n Spring st

Cause of Death, First, (Primary.) Malarial

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 15th 84. E. C. Baldwin M.D.,

Medical Attendant.

Undertaker, Theo Poole

Place of Business, [illegible] *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Jones

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and number } No 15 S. Wrenigh

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Etherism

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16th 1881

Undertaker, Fred J Lochte

Place of Business, 413 Jefferson *Address,* 1106 Fayette

Virgil J. Price *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50403

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCallister

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 16th 1881

Undertaker, H. Schultheis

Place of Business,

J. A. Warner M.D.,

Medical Attendant.

Address, Irelem.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50404

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

Date of Death, August 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 18 Town St

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Patapsco Neck Cemet

Date of Burial, August 16th 1881

Undertaker, Wm. H. Dunger

Place of Business, No 62 East St

W. L. Russell M.D.,

Medical Attendant.

Address, 1 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1901 BALTIMORE

Date of Death, August 14, 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wojcechowicz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 478 E. Chase St.

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus Cem.

Date of Burial, Augt. 15

Undertaker, Wendell Dippel

Place of Business, S. Bond st. 151 *Address,* 317 N Broadway

W. W. Smith *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Worbet

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 *Years.* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 50 N Front

Cause of Death { First, (Primary,) Second, (Immediate,) } Croup / Exhaustion

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, Aug 16 1881

Undertaker, P H Mullin

Place of Business, P Park ave

C H Fulton *M. D.*
Medical Attendant.

Address, 73 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Board of Health, City of Baltimore,

Permit No. 50407 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Klemmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Paper Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 99 Pearl St

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 16th 1881

Undertaker, P. Kemmerer

Place of Business, —

James R. Steuart M. D.,

~~Medical Attendant.~~

Address, Comm. of Health

Registrar

Per McShane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by L. V. Fahrbach

Board of Health, City of Baltimore,

Permit No. 50408

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 250. N. Carey St

Cause of Death, First, (Primary.) Acute Brights Disease

Second, (Immediate.) Puerperal Convulsions

Duration of Last Sickness, In Labor about ten hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 16th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 582. W. Fayette

W. R. McEnnis M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30409 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gudon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and number.} 35 Aliceanna Alley

Cause of death, First, (Primary,) & Catalina Malig

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Aug. 16 th

Undertaker, R. Harle

Place of Business, No. 82 West st *Address,* 313 Eighth

Chas Coles M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius R Sonne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 58 N Fulton Ave

Duration of Residence in the City of Baltimore, 27 days

Place of Death, {Give street and number} 58 N Fulton Ave

Cause of Death First, (Primary,) Hooping Cough

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Aug 16th

Undertaker, Geo Schilling

Place of Business, Ashland Depot [redacted] *Address,* 96 N Eutaw St

Wm. E. Clingitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50,411 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Krug

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 254 Balt ave

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, August 16

Undertaker, Mr Hare

Place of Business, West-Shirt Address, 146 Hanover E.

Theodore Cook M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Octavia Hambleton Fairbanks

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Maryland Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 86 S Bond

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, one Summer

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Aug. 16th 1881

Undertaker, Frey & Bro

Place of Business, Broadway & Fayette

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50413

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Brant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 122 N. Eutaw St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 16th 1881

Undertaker, C. T. Denver

Place of Business, N. Eutaw

F. L. Keller *M.D.,*

Medical Attendant.

Address, 126 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30414

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Le. Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 475 Mulberry Street

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 16th 1881

Undertaker, Duluny & Mitchell

Place of Business, 55 & 57 Fayette

Geo H. Lyon *M. D.*
Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30413

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th August. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert O. Reinhart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 166 W. Fayette st.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Aug 16" 1881

J. W. Owings M. D.
Medical Attendant.

Undertaker, Henry Mitchell

Place of Business, 53 W Fayette Address, 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamie A. West,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, —— *Years,* —— *Months,* 3 Weeks *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 124 S. Bethel St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, August 16th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

J. J. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Butler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* *Days.*

Color, Colored

~~Married,~~ Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Jones 1-2

Cause of Death, First, (Primary.) Malaria.

Second, (Immediate.)

Duration of Last Sickness, abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 14 1881

Undertaker, M. France

Place of Business, 280 Pan Ave

Geo. S. Kinnemon M.D.,
Medical Attendant

Address, ~~736 Pratt St.~~ East Balt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50418 ... *Office of Registrar of Vital Statistics.*

The Physician who attended any person during last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 12 mm 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lentz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X X

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City Life time

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 62 E. Eastern Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 18th 81

Undertaker, A. Frazer

Place of Business, 280 Eastern Ave

James E. Smith M.D.,
Medical Attendant.

Address, 299 E. Balt. Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50419 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel King.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 11 Clarkson alley

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, Aug 16th 81

Undertaker, Geo W Perkins & Co

Place of Business, 130 Hanover st

C W Boze M. D.,
Medical Attendant.

Address, 206 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5042/20 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Baylor

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, (Colored)

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 23 Edward St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 17 1881

Undertaker, S H Chase

Place of Business, 198 Howard St

David F Powell *M.D.,*
Medical Attendant.

Address, No 29 Hisquit St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50421

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th a 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Seal

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 80 E. Lancaster st.

Cause of Death. First, (Primary.)

Second, (Immediate.) Dropsy (old age)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem. Old Road.

Date of Burial, August. 16th

Nicholas L. Dashiell M.D., Medical Attendant.

Undertaker, Henry Sander.

Place of Business, 252 Canton Ave. *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30422 *Office of Registrar of Vital Statistics.* **Ward** 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* about 6 ~~Months~~ week *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore,~~ Institution 8 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Asthenia

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 16. 1887

Undertaker, Jno Brannigan

Place of Business, 152 Division St.

Mathew Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5024/23 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months* About 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 6 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial Aug 16 1881

Undertaker, Wm Bramigan

Place of Business, 156 Division St

Mahlon Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50424 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who was in attendance on in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane R. Ramsay

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 of Aisquith St

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, Augt 16th 1881

Undertaker, H. Hoeck

Place of Business,

James A. Stewart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

504/2.4

HEALTH DEPARTMENT
AUG 16 1881
BALTIMORE

Aug. 15, 1881

Jane R Ramsay

Female

Six months 11 days

Balto City

Life time

No 64 August Ct.

Marasmus

3 months

L. W. White, Md.

347 N Broadway

Place of Burial Baltimore Cem.

Date of Burial August 16, 1881

Henry Mouth

230 Central Ave

(See Following Certificate)

Board of Health, City of Baltimore,

Permit No. 50425

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and number.} 10 Bolton Alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial, Aug 16

Undertaker, J. J. Chalmers

Place of Business, 341 Penna Ave

J. H. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Robinson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ~~Years~~ *Months,* ~~Days~~ *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~[redacted]~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 237 N Carey St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} " pneumonia

Cause of Death, First (Primary,) ...

Second (Immediate,) ...

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 16th 1891

Undertaker, Wm H Carr

Place of Business, 202 N Eutaw St

[redacted] M. D.
Medical Attendant.

Address ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50427

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Aug 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyle L Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 11 Gough St

Cause of Death, First, (Primary.) Pneumonia Bronchitis

Second, (Immediate.) 7 Months Colic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, August 16 1881

D L Mahon *M.D.,*
Medical Attendant.

Undertaker, James A Byrne

Place of Business, No 63 W Fayette *Address,* Exeter St No 138

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thomas Travers

Sex, Male or Female, {cross out the word not required in this line.}

Age, Three (3) *Years,* 0 *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 3 Yrs 2 days

Place of Death, {Give street and number} No. 4 Heath St

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Aug 17th 1881

Robert S. Love M. D.
Medical Attendant.

Undertaker, Armstrong & Leary

Place of Business, 263 Light St *Address,* 323 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 AUG 16 1861 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Diggs

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltro

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 23 Moores al

Cause of Death { First, (Primary,) diarhoea

{ Second, (Immediate,) .....

Duration of last Sickness, Dont Know - only saw it once

All the above information should be furnished by the Physician.

Place of Burial, Leonil Cemetery

Date of Burial, Aug 16 1861

Undertaker, William Abenge

Place of Business, No 62 East Street

K. Winslow M. D.

Address, 20 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50430

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Mr. Henry Jennings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seven *Years,* —— *Months,* —— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } Wall Court

Cause of Death, First, (Primary.) ——

Second, (Immediate.) Meningitis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Aug 16 1881

Undertaker, Wilson Nkrenzel

Place of Business, No 62 East St *Address,* 41 Wall Court

J. C. Shirley *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the ~~City of Baltimore~~.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Quaid

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 62 Maryland ave

Cause of Death First, (Primary,) Bilious Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 17th 1887

Undertaker, Joseph F Byrne

Place of Business, 69 Liberty

F E Chatard M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50432 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ *Years,* 8 *Months,* ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chestertown Kent Co Md

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 236 Raborg St

Cause of death, First, (Primary.)

Second, (Immediate,) Chol Infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Augt 16 1881

Undertaker, H. A. Kerchner

Place of Business, S. Carroll Ave

James A. Stuart M. D.,
Medical Attendant.

Address, 236 Raborg St

Coroner's Physician

Registrar

Exam'd by J. E. Burdine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the

Board of Health, City of Baltimore,

Permit No. 50433 *Office of Registrar of Vital Statistics.* Ward 17th

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lawrence

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Williamson St

Cause of death, First, (Primary,)

Second, (Immediate,) Chol Infantum

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 16th 1881

Undertaker, Hercules Ross

Place of Business, Conway St

James A. Stewart M. D.,

Medical Attendant.

Address, Comm of Health

Dr. Geo. Page

Rev. M. Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, nge and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by John E. Burdine

Board of Health, City of Baltimore,

Permit No. 00434

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred E. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} Eager ~~Street~~ St Extended

Cause of Death, First, (Primary.) Inacting of Gas

Second, (Immediate.) Internal injuries

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 16th 1881

Undertaker, Chas J Loos

Place of Business, 412 Jefferson

Alexander Tinsley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50435 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mims

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 14 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 S Paca St

Cause of death, First, (Primary,)

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 17th 1881

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St. *Address,* 587 W. Lombard St

H. L. Speir M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50 c/36

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Valentine J. Strahmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 1 *Months,* ——— *Days.*

Color, White *Sex,* male

~~*Married,* Single, *Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 411 Lexington St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, about two weeks though I did see him until late P. M. on Aug 10th 1881

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 17th

John C Harris M. D.
Medical Attendant.

Undertaker, Peter Kümmert

Place of Business, 317 Mulberry St. Address No. 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50437 *Office of Registrar of Vital Statistics.* Ward 15-12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj B. Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 37 Hamilton

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Aug 17 1881

Undertaker, C. F. Krause

Place of Business, 207 Hanover

Theodore Cotta M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART AUG 16 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Camillo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* *Days.*

Color, Wh *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington City D C

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} Peabody Institute 130 Ch

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsis

Date of Burial, August 17th 1881

Undertaker, Andrews & Hodges

Place of Business, 164 & 166 Druid Hill Ave

A A Keyser M. D.
Medical Attendant.

Address 100 W Chas St Cath Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG
16, 1
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 Aug 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Muth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bayonne Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the little Sisters of the poor Cor: John and Valley Sts

Cause of Death, First, (Primary.) General dropsy

Second, (Immediate.) two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimetery

Date of Burial, 17 Aug 1881

Undertaker, Henry Schelthois

Place of Business,

F. M. Brooke Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary R Stevens

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 2 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 728 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Va

Date of Burial, Aug 17th 1881

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2291 Transit

Board of Health, City of Baltimore,

Permit No. 50441 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd. H. H. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 710 N. Exeter & McDonough Sts

Cause of death, First, (Primary,) Phlebitis umbilicalis Jaundice

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, August 17

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

S. W. Sloan M. D.,
Medical Attendant.

Address, Cor Exeter & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50454 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Primus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, × × ×

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 123 N. Washington St.

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.)

Duration of Last Sickness, Four Weeks. Saw her once -

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem.

Date of Burial, August 18 1881

James E. Donnelly M.D.,
Medical Attendant.

Undertaker, John Henry

Place of Business, 382 Canton St. *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Ewalt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, no

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 74 N Poppleton St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Garden Park

Date of Burial, Aug 18th 1881

Undertaker, Frank Loane

Place of Business, 654 W Balto St

H H Patterson *M. D.*
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50444

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} George Washington Bangert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} 116 Mc Elderry

Cause of Death, First, (Primary.) Bright's Disease Kidneys

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 18th 1881

Undertaker, Frey & Fro

Place of Business, No 54 N. Broadway

E Geo Walle M.D.,
Medical Attendant.

Address, N.E. Cor Broadway & Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50445

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen G. Seidler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 169 E. Pratt Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, August 18th 1881

Undertaker, John Lake

Place of Business, 161 E Balto St

Jam's T. H. Shaw M.D.,
Medical Attendant.

Address, 8 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30446 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Augst 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Ludwig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N E Cor Chas & Church

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug. 17th 1881

Undertaker, Dulin & Kockler

Place of Business, Sharp & Cross sts

H. N. Webster M. D.
Medical Attendant.

Address, 57 Bonner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50447 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Christ Henschel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 303 n Biddle ste.

Cause of death, First, (Primary,) [redacted] act. Peritonitis

Second, (Immediate,)

Duration of Last Sickness, (6 months)

All the above information should be furnished by the Physician.

Place of Burial, ~~St Alphonsus~~

Date of Burial, Aug 19/81

Undertaker, Chr Henschel

Place of Business, 78 Bond av,

John I. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50448

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 17 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella V. Reisler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* 10 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 411 Light st

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Hydrocephalous

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 18

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

S. T. Coyner *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50449

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irineguend. Zeigler.

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 105 Peach Alley.

Cause of Death, First, (Primary.) Cholera-Infantum.

Second, (Immediate.)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Aug 17th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

P. I. H. Ball M.D.,
Medical Attendant.

Address, 152 South Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50450 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Rollins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 South St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, aug 17 1891

Undertaker, H Ross

Place of Business, 95 Conway St

Jno D Blake M. D.,
Medical Attendant.

Address, 16 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Zachman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, Gr

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 62 Wyeth Street

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug. 18th 1887

Undertaker, John L Mosher

Place of Business, No 150 Camden

Chas. H. Nefs M. D.
Medical Attendant.

Address, 306 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50452 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ashton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No. 123 N. Gilmor St

Caus of death, First, (Primary,) Asthenia Senilis — Ch. Bronchitis

Second, (Immediate,) Paralysis of Vagi

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 17th 1881

Undertaker, John S Thacher

Place of Business, No 156 Eastern Ave

Robert St. Mifflin M. D.,
Medical Attendant.

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 5 Gelsons Court

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 5 Gelsons Court.

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 19 1889

Undertaker, S McElrase

Place of Business, 192 Howard St

Alexander Tinsley M.D.,
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 16th, 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Korll,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 3 *Years,* — *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} 157 S. Caroline St,

Cause of Death, First, (Primary.) Cholera Infantum,

Second, (Immediate.)

Duration of Last Sickness, 4 Days,

All the above information should be furnished by the Physician.

Place of Burial, Watchs Cemetery

Date of Burial, August 18 1881

Undertaker, Wendel Dippel

Place of Business, S Bond st

J. J. Sullivan, M.D.,
Medical Attendant.

Address, 116 Thames St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50455

Office of Registrar of Vital Statistics,

HEALTH DEPARTMENT AUG 16 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henritta Caroline Letmate

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Twenty-one *Years,* ——— *Months,* Twenty-one *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 Pennsylvania Av.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Coma

Duration of Last Sickness, Was in attendance three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill cemetery

Date of Burial, Aug 17th 1881

Undertaker, Wm. B. Cook

Place of Business, No 707 W. Baltimore Street

D. LaMotte Hinckley M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 00456

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Frederick Sabel,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick layer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md. since birth,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. S. Back st.

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Meningeal Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Luck Methodist Church Harford Co

Date of Burial, Aug 18 81

Undertaker, Jay & Son

Place of Business, 574 E. Baltimore *Address,* Balt. & Back sts.

G. G. Luck *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Everett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* 3 *Months,* 2 *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years & 3 months

Place of Death, {Give street and number.} Near Mt Lee Monument & Kirk Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 17th 1891.

Undertaker, Wm J Bishop Jr.

Place of Business, 9 Druid Hill Ave

B F Bowen **M.D.,**

Medical Attendant.

Address, Cor Druid Hill and Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50458

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Broening

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* 6 *Months,* 5 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 127 Ridgely

Cause of Death, First, (Primary.) old Age

Second, (Immediate.) Dysentery

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, August 18, 1881

O. L. Buddenbohn *M.D.,*
Medical Attendant.

Undertaker, F Pohe

Place of Business, 425 Cross street *Address,* 66 S. Paca st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Shannon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lumber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} No 185 Front St

Cause of Death, First, (Primary.) Alcohol

Second, (Immediate.) Cirrhosis of Liver & Chronic Pneumonia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Aug 17th

Undertaker, H. C. Whitefield

Place of Business, 70 Greenmount Av *Address,*

Wm. Whitely C.M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50460

Office of Registrar of Vital Statistics.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerome Bonaparte Riddell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 54 Eutaw Ave (n)

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Sick week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, August 17

Undertaker, Wendell Tiffee

Place of Business, 1 S. Bond st. 151

W. Gatchell M.D.,

Medical Attendant.

Address, 151 E. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Finck Sturgate

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 44 East St.

Cause of Death, First, (Primary.) .....

Second, (Immediate) Tetanus

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Emanuels Cemetery

Date of Burial, 18th of Aug.

Undertaker, Fred Gaede.

Place of Business, 29 S. Carolines t, *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50462

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Prendergast

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 7 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 3 West Falls av.

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.)

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Aug 17 1881

J. L. Dawes *M.D.,*

Medical Attendant.

Undertaker, Jos O Byrne

Place of Business, 63 Bond *Address,* 3 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 60463 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1901 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Locker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, cr

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 468 St. Ave

Cause of death, First, (Primary,) Gastro-enteritis

Second, (Immediate,) Nervous prostration

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cem Atty

Date of Burial, August 19. L. H. Ellis M. D.,

Undertaker, B. Marle. Medical Attendant.

Place of Business, 82 West St. *Address,* 813 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
A
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadia L. Peters

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 80 Fredrick road.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera infantum

Duration of last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Aug 18th 1881

Undertaker, Wm. H. Cook

Place of Business, No 707 W Baltimore Street

Edward R. Hard M. D.
Medical Attendant.

Address, 248 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. [illegible], CITY PRINTERS AND STATIONERS.

[OV 48.]

Board of Health, City of Baltimore,

Permit No. 50465

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C Graham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} no 9 Jackson St

Cause of Death, First, (Primary.) Cancer of Uterus

Second, (Immediate.) Asthenia

Duration of Last Sickness, One year 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 19-1881

Undertaker, Wm C Weaver

Place of Business, Eutaw St opp Mon

I. W. Houck M.D.,

Medical Attendant.

Address, 75 E. Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Gotwalt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life since birth

Place of Death, { Give street and number. } No 180 E. Durham

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 18 91

Undertaker, Wm. Frame

Place of Business, 280 Eastern Ave

[illegible] *M.D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50467

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Tutor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 N. Spring St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Spasm

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mathai Cemetery

Date of Burial, August 18. 1881

J. J. Guth. *M.D.,*

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63. N. Eden St. *Address,* 137 Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6047 68 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roy Stevi Blackwell Father

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Upton St

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18th 1881

Undertaker Hemsley & Madden

Place of Business,

James [illegible] M. D.,

~~Medical Attendant~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Bev Dr [illegible]

Board of Health, City of Baltimore,

Permit No. 50469

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Henriss

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Sixty *Years,* Two *Months,* 0 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany Thirty-years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Columbia av.

Cause of Death, First, (Primary.) Phthisis Pulmonum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, August 19th

Undertaker, I. P. Paulus

Place of Business, 66 Frederick ave

Dr. L. H. Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50470

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Irish

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 10 Banks St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 6 Weeks called in on Friday last

All the above information should be furnished by the Physician.

Place of Burial, Zeder Hill Cemetry

Date of Burial, August 19th 1881

Undertaker, Peter Frey

Place of Business, 41 Eastern Ave

James E Dennis M.D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

No. 50471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Carr

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Orchester Co Md,

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 211 S. Bethel Street

Cause of Death, First, (Primary,) 2 Heart Disease from Rheuma

Second, (Immediate,) 3 Pneu

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18 1887

Chas H. Wolff M. D.
Medical Attendant.

Undertaker, Hoffman & Co

Place of Business, 14 E Fayette St

Corner's Office

Address, 6 E Bulto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 18 AUG 18 81 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon J. Richards

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, about 50 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 1 Chew St

Cause of Death, {First (Primary.) Chronic Abscess} {Second (Immediate,) Pulmonary Hemorrhage & Necrosis}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 18th 1881

Undertaker, Wm. H. Duncan

Place of Business, No 62 East St.

J. E. Whiteford M. D.
Medical Attendant.

Address 198 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50473 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Aug. 11-1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly R Whitehead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* 26 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 211 N Durham St

Cause of death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 1 month & 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, August 18th 1881

Undertaker, Wm N. Dunton

Place of Business, No 62 East St

Geo J Baylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stokeley Fowles

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty-five *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 18 Yrs.

Place of Death, {Give street and number} 40 Hill St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, W. Bubbles Cemetery

Date of Burial, Aug 18th 1891

Undertaker, J. A. Kerchner

Place of Business, S. Carrollton Ave *Address,*

Richard Hall M. D.
Medical Attendant.
Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 30475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8.17.87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarissa Ann Bryant

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 17 mos

Place of Death, {Give street and number} 211 Ruby

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 19th 1887

Undertaker, Sewell W. Chase

Place of Business, 193 S. Howard St

W. H. Eastman M. D.
Medical Attendant.

Address, 314 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50476

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Luckhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* ~~Days~~

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 132 Lancaster st

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, August 18th 1881

Thomas J. Evans M.D.,
Medical Attendant.

{*Undertaker,* Henry Sander
{*Place of Business,* 252 Canton Ave *Address,* 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30477 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Lampson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 5 *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 S. Spring St

Cause of death, First, (Primary,) Pestis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 18 1881

Undertaker, C. A. White

Place of Business, Granby St

James Hillen M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Taylor

No. 50478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8h 15m A. M. 18th August, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Elizabeth Fitchette

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Northampton County, Virginia

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number} 133 Dolphin St- Balto Maryland

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Exhaustion from loss of blood &c

Duration of last Sickness, about five days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 19th 1881

Wm J. Smith M. D.
Medical Attendant.

Undertaker, D. E. Burns Jr

Place of Business, 3rd Ward Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 18 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate J. McClinton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Connecticut.

Duration of Residence in the City of Baltimore, nearly all her life

Place of Death, {Give street and number.} 12 Laural St —

Cause of Death, First, (Primary.) Tuberculosis of both Lungs

Second, (Immediate.) do — —

Duration of Last Sickness, about 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Augt 19th 1881

Undertaker, Henry W. Mears

Place of Business, 545 N. Gay St

G A Dohme M.D.,

Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frances Gray

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 252 East Pratt St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) General Tuberculosis (Lungs, Mesentery etc.)

Duration of last Sickness, 9 or 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 19th

Undertaker, Henry H. Gibbons

Place of Business, 341 Eastern Avenue *Address,* [illegible]

[signature] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50481

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

Date of Death, Aug 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Dettelbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, At home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Libelum

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 117 n Eutaw st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, F.F.M.F. Cemetery

Date of Burial, August 19th

Undertaker, Wm. H. Hickman

Place of Business, 234 d. Bay st

D. Shell M.D.,
748 n Exeter st
Medical Attendant.

E.C. Baldwin M.D.
Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Rees

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 9 *Months,* 11 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 238 S. Fremont St

Cause of Death First, (Primary,) Puerperal fever

Second, (Immediate,) Convulsions

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cem.

Date of Burial, Aug 19 1881

Undertaker, C. H. Krause

Place of Business,

Wm Gonhel M. D.
Medical Attendant.

Address, 170 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* 21 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 15 Peach Alley

Cause of Death { First, (Primary,) Necrosis of Ulna
Second, (Immediate,) Cachexia

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19

{ *Undertaker,* Hercules Ross
Place of Business, 95 Conway St. } *Address,* 170 S. Sharp St.

Wm Gombel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mc Kernan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 Days.

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 146 Howard St.

Cause of Death, First (Primary,) Unknown.

Second (Immediate,)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Aug 19th 1881.

Undertaker, Chas J Seruine

Place of Business, 211 N Eutaw St

George J. Collins M. D.
Medical Attendant.

Address Park Av. & Richmond Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Dorsey (mother)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 days 8

Place of Death, {Give street and number.} 31 Rose St

Cause of Death, First (Primary,) Premature Birth - about ½ month

Second (Immediate,) Death within 2 days after Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 19th 1881

Undertaker, Chas J Scriven

Place of Business, 211 S Eutaw St

D. E. Linthicum M. D.
Medical Attendant.

Address 154 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Resp[illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1901 BALTIMORE

Date of Death, Aug 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~1~~ *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Decker St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 19th 1901

Undertaker, Elias Sciarra

Place of Business, 211 S Eutaw St

Wm Whitridge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Aug, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catharine Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 42 years 2 mos

Place of Death, {Give street and number.} Lemmon St No 54

Cause of Death, (First (Primary,) Cerebral Abscess

(Second (Immediate,) Total Congestion, Coma Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Foster Cemetery Md

Date of Burial, 20 Aug

Wm D H Larkin M. D.
Medical Attendant.

Undertaker, Samuel Gelb

Place of Business, Harford Road *Address* 763 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50488

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 19 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Josephine Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} S. W. Corner of Lexington & Eutaw Sts.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 19

Undertaker, Geo Schilling

Place of Business,

Edward Abbott *M.D.,*

Medical Attendant.

Address, 10 E Madison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve Hedin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1548 E Fayette

Cause of Death, ~~First, (Primary,)~~ Second, (Immediate,) Phisanus Laryngitis 48 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 20th 1881

Undertaker, Thos J Hughes

Place of Business, 606 E Balto St

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Mary A. Krojer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* 2 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Laborers Dailness

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 65 Wyeth St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, August 19th 1881.

I Edwd Kirby M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of [illegible], City of Baltimore,

Permit No. 50491 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Allen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 44 Shute St

Cause of death, First, (Primary,) Cerebro Congestion

Second, (Immediate,) Ex haustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Aug 19 1881

Undertaker, P. McElderry

Place of Business, 1 Park ave

Geo R Joyce M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50492 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Birking

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little M. Eleby 2125

Cause of Death, First, (Primary.) Cerebritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, August 20 1881

E. A. Baldwin M.D.,
Medical Attendant.

Undertaker, John Henrici

Place of Business, 882 Orleans St. *Address,* 1241 n Eutaw st

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...n Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker *or* other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested *so to do*, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug - 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen Mielke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 - *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County -

Duration of Residence in the City of Baltimore, about 9 mos -

Place of Death, {Give street and number.} S. W. Cor Broadway & Barnes st

Cause of Death, {First (Primary,) Malignant Diphtheria - Second (Immediate,) Septicaemia -

Duration of Last Sickness, three or four days -

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 19 1881

R. T. Smith M.D.
Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Orleans St

Address 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pleasant Underhill

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 95 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co Va

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 1 Plum al

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19th 1887

Undertaker, Wm E. W. Chase

Place of Business, 98 S. Howard St.

R. C. Lee M. D.
Medical Attendant.

Address, U.W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 50495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, One *Years,* five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 60 Vincent-Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 60 Vincent Alley

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Aug 19 1891

Undertaker, William N Berry

Place of Business, No 62 East Street

Prof Quinan M. D.
Medical Attendant.

Address, 630 N Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. ROLANT & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30496

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Wine

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* Eight *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 26 Bond St

Cause of Death, First, (Primary.) Hemorrhage from the Umbilicus

Second, (Immediate.) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Aug 19 1881

Undertaker, William Dorsey

Place of Business, No 62 East Street

J. C. Shumer M.D.,
Medical Attendant.

Address, 41 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Virginia Browne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* Sixteen *Days.*

Color, Colored *Sex,* female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Vincent alley

Cause of Death, First (Primary,) Whooping Cough, Dentition

Second (Immediate,) Spasms

Duration of Last Sickness, eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19 1881

Undertaker, Wilson Donegee

Place of Business, No 62 East St

Wm. S. Jordan M. D.
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50498 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Luthicum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 94 Johnson

Cause of death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 21 81

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 57 Hanover

H. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 30499

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 18th/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augst. Heinze

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs ✓

Place of Death, {Give street and number.} No 320 Alice Anna st.

Cause of Death, First, (Primary.) Chronic. Laryngitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, F. German Unitat Hemtary

Date of Burial, 20th August 1881

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anna

C. M. Schutte Jr M.D.,
Medical Attendant.

Address, S. W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50500 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Dosch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 1/2 Battery Av.

Cause of death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 20

Undertaker, F. Wards

Place of Business, 52 West St

Dr I. I. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Burials, to the Off... issued Saturday ... each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... his Certificate.

Board of Health, City of Baltimore,

Permit No. 50501 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug^st 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Bentalou St

Cause of death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug^st 19th 1881

Undertaker, John E. Paules

Place of Business, Fred ave

Thos A Shaw M. D.,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined, John E. Burden [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30502 *Office of Registrar of Vital Statistics.* Ward 8 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward M. Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brick Layer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 550 Hanford Ave

Cause of death, First, (Primary,) Hard Cancer of Liver

Second, (Immediate,)

Duration of Last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Sunday Aug 21th

Undertaker, John H. Dickey & Co

Place of Business, 129 W. Fayette St *Address,* 349 N Broadway

W. W. White M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 19 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 19, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Lindall

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, Three *Years,* Eight *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 64 N. Broadway

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 2nd Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Augst 20th 1881

Wm H Lundman M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50504 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dill

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 432 Canton Ave

Cause of death, First, (Primary,) Senile decay

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 19 1881

Undertaker, M. Franey

Place of Business, 280 Conkling

Thos F Leeman M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Form by Geo E. Taylor [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50505 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savage Rue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* ~~ *Months,* ~~ *Days.*

Color, Col

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 2 weeks. (Visiter)

Place of Death, {Give street and number.} 152 York St

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19" 1881

Undertaker, Hercules Ross

Place of Business, Conway St

James A Steuart M. D.,

Medical Attendant,

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Jo. V. Fitzpatrick Jr.

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No. 50506

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 171½ Chestnut St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Augt 19" 1881

E. B. Tenby *M. D.*
Medical Attendant.

Undertaker, George Schulenig

Place of Business, Asquith st *Address,* 319 N. Central Ave.

$5

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse M. Berry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 4 *Days.*

Color, Br.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 237 Mulberry St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Seven days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, Aug 20

Chas. M. Neff M. D.
Medical Attendant.

Undertaker, F B Cook

Place of Business, 707 W Pratt *Address,* 306 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50508 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Spasm.

Second, (Immediate,)

Duration of Last Sickness, Double from Birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Aug 19th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Marbury Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 29 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 245 S. Durham St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 21 1887

Undertaker, M. Frances

Place of Business, 210 Constable *Address,* 119 S Broadway

R. M. Mansfield M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

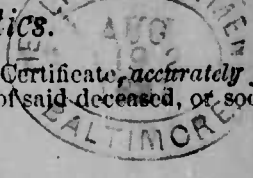
50510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50510

Office of Registrar of Vital Statistics.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Kelso

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 50 *Years.* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, { Give street and number. } 25 N Eden St

Cause of Death, First, (Primary.) Heart Trouble

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebb Cross Cemetery

Date of Burial, Aug 20, 1881

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address,* 151 Aisquith

E H Ellis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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No. 50511

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kopf

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 167 Sterling St Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 167 Sterling St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Miningitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mychaels Cem.

Date of Burial, Aug 20 1881

J. D. Imes *M. D.*
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 39 Gilmor St *Address,* 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50512

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50512.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orrie Maddox

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 9 S. Arlington Ave Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 9 S. Arlington Ave,

Cause of Death { First, (Primary,) Measles. Hooping Cough

Second, (Immediate,) Inanition

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Summerset Co Md

Date of Burial, Aug 20

F. V. Benson M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2292 Barnett

[OVER.]

No. 30513

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Curran

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 25 years

Duration of Residence in the City of Baltimore, 1 Little St.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Typhoid fever 2 Weeks

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 20th 1881

{*Undertaker,* John S Mercher

{*Place of Business,* No 150 Camden

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Garman

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 1[illegible] N. Arun St.

Cause of Death, First, (Primary,) Fatty degeneration of heart

Second, (Immediate,) Paralysis "

Duration of last Sickness, 14 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Aug 21 th

E. P. Sons M. D.
Medical Attendant.

Undertaker, Henry & Bro

Place of Business, Broadway & Lombard *Address,* * 37 & E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50515

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Keys

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Colored

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Anderson Court rear of 55 Forrest

Cause of Death, First, (Primary.) Paralysis one year ago.

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19 1881

E. C. Baldwin M.D.,
Medical Attendant.

{ *Undertaker,* Fred Foos

{ *Place of Business,* 103 Jefferson *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50516

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Aug 18 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Emma L Jett

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ..... "

Occupation, ... "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ..... Md

Duration of Residence in the City of Baltimore, ... Lifetime

Place of Death, {Give street and number} ..... 929 Eden

Cause of Death { First, (Primary,) ..... Pneumonia
Second, (Immediate,) ..... Pneumonia

Duration of last Sickness, ... one month

All the above information should be furnished by the Physician.

Place of Burial, ... St Peters Cemetery

Date of Burial, ... Aug 19th

Undertaker, ... H C Wiedefeld & Co

Place of Business, ... 1 E Lexington ..... *Address,* ..... 1 E Lexington

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50517

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Letton Arnold.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, about life

Place of Death, {Give street and number.} 208 Chase St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions —

Duration of Last Sickness, off and on all Summer

All the above Information should be furnished by the Physician.

Place of Burial, Lutheran North Point Road

Date of Burial, Aug 19th

Undertaker, H. C. Weedfield

Place of Business, 90 Gilmore Ave

H. E. Johnson M.D.,
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

50518

No. 90

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 50518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Blake

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 130 E. Aum st

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) ———

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, August 21 1881

Geo C Benjamin M. D.
Medical Attendant.

Undertaker, N. F. Curran

Place of Business, 53 Broadway

Address, 13 Co Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50579

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Nebler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and number.} 80 Lemmon St

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comet

Date of Burial, 20 Aug

Undertaker, P. Lemmert

Place of Business, 317 Mulberry St

P. K. McGrew M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50520

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE AUG 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1881

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T Wheeler

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 283 N. Ann St

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, 1 week,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug. 21st 1881

Undertaker, Geo Schilling

Place of Business, Co Monument 1 Augusta Sts

S N Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30521

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19 – 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Upholster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 20th 1881

Undertaker, Wm J Nelson

Place of Business, 65 S. Eutaw St

Edwin Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50522

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Daniel Isworth

Sex, Male or Female, {cross out the word not required in this line.} X

Age, 7 *Years,* Three (3) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 25 S. Chester

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate,) Cerebral congestion

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 21st 1881

J. C. McPherson M. D.
Medical Attendant.

Undertaker, John Tate

Place of Business, 161 E Balto St

Address, 25 S. Chester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50523

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19/81 Florence E. Campbell.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Campbell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days.

Color, "Colored"

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 74 Chestnut alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug. 20th 1881

Undertaker, Wm. H. Bishop & Co.

Place of Business, 112 N. Gay St.

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OV 42.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 113 Eleven —

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 3 Days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 21 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St

Wm. L. Russell *M.D.,*

Medical Attendant.

Address, Broadway & Madison Ave —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gilliard.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* ~ *Months,* 23 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 4 Mullikin st Court

Cause of Death, First, (Primary.) Feebleness, &c.

Second, (Immediate.)

Duration of Last Sickness, Probably unhealthy from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20th 1881

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

D M Cathell M.D.,

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50526

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset County

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 33½ Forrest St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, Aug 20 1881

E. B. Fenby M. D.
Medical Attendant.

Undertaker, William Nelson

Place of Business, No 62 East Street *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17 / 881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Suter

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 Mos

Place of Death, {Give street and number.} 54 Bruce St

Cause of Death, First, (Primary.) Dentition (?)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Shorpe W Cemetery

Date of Burial, Aug 20 1881

Undertaker, William Uberger

Place of Business, No 62 Gorsuch

Herbert T Larkin M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician... to the Records Book, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 2 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 19 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Payne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England 11 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 296 Saratoga

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Congestive Chill 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 20th 1889

Undertaker, Denny & Mitchell

Place of Business, 1153 Broadway

Alexander Tinsley M.D., (Medical Attendant.)

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30529

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Baldwin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Merchant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, 47 years.

Place of Death, {Give street and number.} 140 Hoffman St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) Dysentery.

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 21st 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St *Address,* 4 Cathedral St.

J. N. Scarff *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1904 BALTIMORE

Date of Death, Aug 19 1904

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Mylan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 28 yrs

Place of Death, {Give street and number.} 46 McCulloh St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery G H Adams M. D.

Medical Attendant.

Date of Burial, Aug 21

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave *Address* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1901 BALTIMORE

Date of Death, aug 19 th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thayer

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} M

Age, 73 *Years,* *Months,* *Days.*

Color, white

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} V

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number} 45 Morton St

Cause of Death {First, (Primary,) Cystitis

{Second, (Immediate,) Uremia

Duration of last Sickness, 8 to 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 21 01

Undertaker, B. Harle

Place of Business, 82 West St

H. H. Klein M. D.
Medical Attendant.

Address, 165 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...pulmonary Tuberculosis is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50532 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 20, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. R. Hilberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ll

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of Life

Place of Death, {Give street and number.} 91 E. Balto. St.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Enteritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Old Town

Date of Burial, Aug 22d 1881

Undertaker, John D. Mackin

Place of Business, No 150 Eastern Ave

H. Chrisfield M.D.,
Medical Attendant.

Address, 431 Fleet Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57533 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac. Jones.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* / *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 318 Cross St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Spasms.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Pub-Cem

Date of Burial, Aug 20 - 1881

Undertaker, F. A. Kerchner

Place of Business, ...

[redacted] M. D.,

Commissioner of Health

Address, 4 Pegg Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ord 4 Sec 6 Ordaining

Board of Health, City of Baltimore,

Permit No. 50534.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 2 1891 BALTIMORE

Date of Death, Aug. 20th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Wells

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 5 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 22 E. Fayette st.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 21st 1891

Undertaker, Jno P. Byrne

Place of Business, 63 Front St

P. G. Daniels M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elis. A. Malloy

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 31 Years, 10 Months, ... Days.

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 161 Raborg St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exs Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Christ R Cemetery

Date of Burial, August 20

{ Undertaker, Jobt H. Owens
{ Place of Business, 15-2 Lee St

Chas. W. Nefs M. D.
Medical Attendant.

Address, 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50536

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 357 William St

Cause of Death, First, (Primary.) Dampened Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, August 22

Undertaker, P Hail

Place of Business, 82 West St

J. A. Wiley MD M.D.,
Medical Attendant.

Address, 158 Lemmon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah Marsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia 9 Days

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 Crop Sr

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate.)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 21

Undertaker, B. Clark,

Place of Business, 82 West St.

H. B. Stith M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50538

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Ruhl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 50 *Years,* 11 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Retail Liquor Dealer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 27 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 697 W. Baltimore St.

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) about 4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, Aug 22nd 1902

Undertaker, Jos B Cost,

Place of Business, No 707 N Baltimore Street

J. Shelton Hill M.D.,
Medical Attendant.

Address, 432 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57539

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wilson

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days.*

Color, Bk

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Josephine St.

Cause of Death, First, (Primary.) Phthisis Pulmd. ✓

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetery

Date of Burial, Aug Sept. 21-1881

Undertaker, Samuel H. Chase

Place of Business, 198 S. Howard St

E. B. Britton M.D.,

Medical Attendant.

Address, Homoeo. Inf. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Berry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirteen *Years,* Ten *Months,* Twenty *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 18 Jordan Alley

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 20th 1881

H S Bowie M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* 210 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38541

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 20 2
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Sachs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ....."....."....."

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 10 York Pleasant Alley

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug. 21st 81

Undertaker, M. Franz

Place of Business, 280 York Ave

..... *M.D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50542

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. E. Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ~~years~~ 5 yrs.

Place of Death, {Give street and number.} 388 Myrtle ave.

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.) Apoplexy

Duration of Last Sickness, at least 5 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 21 81

Undertaker, Stuart & Mercer

Place of Business, 35 Park

E. C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50.543

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1881 BALTIMORE

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Charles & Mary Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 hours. Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 189 Sharp St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Period of Utero Gestation, Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, May 21 1881

Undertaker, C. F. Krause

Place of Business, 209 Hanover

[signature] M.D.,
Medical Attendant.

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50344

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50.544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Scherer

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 29 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 160 N. Broad St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Asthenia

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 23d 1881

Undertaker, J. W. Schein

Place of Business, Assistant Undertaker

R. Williamson M. D.
Medical Attendant.

Address, 133 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Board of Health, City of Baltimore,

Permit No. 50545 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1881

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Edna Benson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Collins & Bryan Sts

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 21 1881

Undertaker, S. W. Edmondson

Place of Business, 182 W. Baltimore

John Neff M. D.,
Medical Attendant.

Address, 204 Caroline Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50,846 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

Date of Death, August 20, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Sarah [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months.* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 313 Howard St.

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Internal

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, on the 21 of August 1881

Undertaker, J. R. Perkins Jr. & Co.

Place of Business, 130 Henrietta St

C. W. Booze M. D.,
Medical Attendant.

Address, 205 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50547 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cranwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 3 *Months,* 1 *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Master

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 232 Hughes

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, On the 21 August 81

Undertaker, Perkins Jr & Co

Place of Business, 130 Henrietta St

Jerome Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30340

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

Date of Death, Augt 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number} 110 W. Biddle St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Phthisis 18 months Bean confined to bed 3 or 4 weeks, but suffering with

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 20th August 1881

Undertaker, W. H. Kruse Jr & Co.

Place of Business, 130 Henrietta St.

W. B. Griffitt M. D.
Medical Attendant.

Address, 216 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50545

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1881 BALTIMORE

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Funk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 280 Bank St.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Coma

Duration of Last Sickness, Undertaker saw the child only one hour last

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 21st 1881

Undertaker, Wm A. Daiger

Place of Business, 74 S. Broadway *Address,* 57 S. Broadway

A. B. Britton *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60550 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 258 E. Baltimore St.

Cause of death, First, (Primary,) Fatty degeneration of Heart

Second, (Immediate,)

Duration of Last Sickness, Since Tuesday last

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 23rd 1881

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

James E Donelan M. D., Medical Attendant.

Address, 272 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30557 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ruby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Keeping House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 Years

Place of Death, {Give street and number.} 305 E Pratt St,

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22nd 1881

Undertaker, Denny H Mitchell

Place of Business, 68 S Broadway *Address,* 220 E Balto St

Edmund E Duvall M. D., (Medical Attendant.)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19—1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan White

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} Female

Age, 21 (about) *Years,* — *Months,* — *Days.*

Color Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Warrenton Va

Duration of Residence in the City of Baltimore, about 9 mos

Place of Death, {Give street and number} 13 Stockton al

Cause of Death, First, (Primary.) Typho-malarial Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 10 ds

All the above information should be furnished by the Physician.

Place of Burial, Warrington Va

Date of Burial, Aug 22 1881

C. C. McDowell M. D.
Medical Attendant.

Undertaker, William N Durham

Place of Business, No 62 East Street

Address, 642 W. Fayette St

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2254 Francis

Board of Health, City of Baltimore.

Permit No. 57,553

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, .. *Years,* 0 10 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 141 N Dallas St.

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1881

Undertaker, Theo J Locke

Place of Business, 223 Jefferson st

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50554 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1885 BALTIMORE

Date of Death, Aug 19, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George, He Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* — *Months,* 8 *Days.* 12

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 86 S. Durham St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Thrush, Debilitation, Emaciation

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21 1885

Undertaker, Thos J Locke

Place of Business, 473 Jefferson St

A. J. Gonzales M. D.,
Medical Attendant.

Address, 144 S. Chester St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57858

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Norell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 15 *Days.*

Color, Wh

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number.} 252 S. Durham St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, E. B. Pork Cemetery

Date of Burial, Aug 20 1881

Undertaker, P Mullen

Place of Business, Skaltz Office

O B Britton M.D.,

Medical Attendant.

Address, 57 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Leudy

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 9 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore since birth

Duration of Residence in the City of Baltimore, 121 Barre St.

Place of Death, { Give street and number } Acute Phthisis

Cause of Death { First, (Primary,) Second, (Immediate,) } Zuno.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 22nd 1881

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Jno. H. Smith M. D.
Medical Attendant.

Address, 313 E. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Donohan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Acute Pulmonary Tuberculosis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug 19/81

Undertaker, Fredk. A Kirchner

Place of Business, 50 S Carrollton Ave *Address,* University Hospital

[signature] M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50558 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 20, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth A Bublin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 316 McDonogh St.

Cause of death, First, (Primary,) Bad nutrition

Second, (Immediate,) Pneumonia, Meningitis

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 22-81

Undertaker, John W Jackson

Place of Business, 528 North Gay

H. H. White, M. D.,
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50539 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Rueno Heckenroth

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Spruce Alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Federal St. B. Z.

Date of Burial, Aug. 22nd 1881

Undertaker, Lefhardt

Place of Business, Canton ave

F. Flathman M.D.,
Medical Attendant.

Address, 241 E. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Philip Goldstein~~ Aug 20/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Goldstein

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, five *Years,* six *Months,* 4 *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 427 Harrison st.

Cause of Death, {First (Primary,) Dropsy {Second (Immediate,) Doubtfully Scarlatinal

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, August 22 nd 1881

Undertaker, Wm. Silaw

Place of Business, 101 Gough st

D. J. Aronsohn M. D.
Medical Attendant.

Address 425 Lisburn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schramowski

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 925 W. Pratt St.

Cause of Death, First, (Primary,) Summer complaint with Malaria

Second, (Immediate,) Exhaustion —

Duration of last Sickness, (about) 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, August 23 188[illegible]

Undertaker, [illegible]

Place of Business, [illegible]

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50562

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Back city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 214 Bank St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown saw the child only once

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery

Date of Burial, August 22nd 1881

Undertaker, H. M. Gilmore

Place of Business, 330 Canton Ave

E. B. Bullock M.D.,
Medical Attendant.

Address, 51 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57563

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A. Stormer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 96 S. Chapel St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 23d 81

Undertaker, H. Frank

Place of Business, 230 Eastern Ave

George F. Rohé M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57564

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 22 1901
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 35 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 2 or 3 years

Place of Death, {Give street and number.} Opposite Wm A. Johnson's Coal Pier - Locust Point

Cause of Death, First, (Primary.)

Second, (Immediate.) Accidental drowning.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 22

Undertaker, Charles A. White

Place of Business, Granby St

F. A. Bell M.D.,

Coroner 3d Dist

Address, 141 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57565

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Smith

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Years, five mos (Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath,

Duration of Residence in the City of Baltimore, from Birth

Place of Death, {Give street and number.} Smiths Court.

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteritis

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 22

Undertaker, Charles A White

Place of Business, granberry St. *Address,* Fairmount Ave

Geo M Bartlett M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50566 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Lannahan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt- City- Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 66 James Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Hypertrophy of the Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Aug 22nd 81

Undertaker, C. F. Krause

Place of Business,

M.D.,

Medical Attendant

Coroner

Address, 101 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gagnon (Deaf mute)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* ... *Months,* ... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 32 years in U.S.

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number} 177 West St

Cause of Death, First, (Primary,) Anemia ~~Pneumonia~~

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Aug 23rd 1881

Undertaker, C. P. Krause

Place of Business, ... *Address,* ...

S Dalton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50568

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Ryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* 25 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 18 Hill Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Cerebral Effusion.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 22nd 81

Undertaker, E. D. Krause

Place of Business, ...

Wm Salyer M.D.,
Medical Attendant.

Address, 163 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hepperlan

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 282. ~~W.~~ Lombard St

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 23rd

Undertaker, Joseph Doane

Place of Business, 454 Fulton St.

A. C. Fox M. D.
Medical Attendant.

Address, 467 W. Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57570

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 20, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Klumpp.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baden Germany.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number.} 102 S. Register St.

Cause of Death, First, (Primary.) Typhoid Fever,

Second, (Immediate.) Paralysis of the heart.

Duration of Last Sickness, Twelve Days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Aug 22th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

A. F. Emich, M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57571

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21/01

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant (Twin Holland)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2½ hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 630 N Lanvale St

Cause of Death, First, (Primary.) Premature Birth —

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 22

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

M McQuaden *M.D.,*

Medical Attendant.

Address, 5 N Eutaw & Calhoun Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51572 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st. August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Wilhelm Foller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, —— 3 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Washington str. #45. 187.

Cause of death, First, (Primary,) Cynanche trachealis

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cem.

Date of Burial, August. 22d. 1881.

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway *Address,* S. Wolfe str 117

William Henkel **M. D.,**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Habenbosch Victoria Mary Fidelis,

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, School Sister de Notre Dame

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rochester, New York,

Duration of Residence in the City of Baltimore, about 4 yrs.

Place of Death, {Give street and number.} Convent de Notre Dame, Aisquith St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 22 of August

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

John T. Carmody M.D.
Medical Attendant.

Address, S. W. Colvin & Read

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

Date of Death, August 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Howard

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 434 Eastern Av

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One minute

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, August 22d 1881

Undertaker, Henry Hoch

Place of Business, 3 Eq. N Central Av

Chas O Donnell M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Meerdter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 37 S. Paca St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, About 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 23th 1881

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St, *Address,* 2 Cathedral St

H. Leimbach M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balto.

Permit No. 30576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 2 1881 BALTIMORE

Date of Death, Aug 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age about 35 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } Bet Piers 3 & 4 Locust St & Wharf

Cause of Death, First, (Primary.) Accidental Drowning

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 21/81

Undertaker, Fred'k W Kirchner

Place of Business, 50 S Carrollton Ave

S. T. Beel M.D.,
Medical Attendant.
Coroner So Dist
Address, 161 E Stump St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50577

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Eleven *Months,* Two *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md Anne Arundel Co

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} Cor Williams & Church St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Debilitation

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Anna Arundel Co Md

Date of Burial, Aug 23d 1881

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

J. K. Wiley M.D.,
Medical Attendant.

Address, 158 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 2295

Board of Health, City of Baltimore.

Permit No. 57878 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 August 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen Donaldson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Fisherman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 94 South Exeter St

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, August 23 1881

Undertaker, James D Byrne

Place of Business, 96 & 98 S Frontst *Address*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5575 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Hammonds

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stair Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 447 Mount St

Cause of Death, First (Primary,) Typhis Malaria

Second (Immediate,) Congestive Chill

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 22-1881

Undertaker, ~~D.E. Hoffman~~

Place of Business, Penn ave north

(Not Registered)

J. C. Hammond M. D.
Medical Attendant.

Address 231 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

See Following Certificate

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5115.80 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Francis Guthrie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Ten *Months,* Twenty one *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 415 East Leonard

Cause of death, First, (Primary,) Burns, causing shock

Second, (Immediate,) by internal inflammation

Duration of Last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, August 22nd 81

Undertaker, Wm. A. Davis

Place of Business, 74 S. Broadway

C. F. Markel M. D.,
Medical Attendant.

Address, 413 E. Leonard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 50581

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21 st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Evans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and number.} 278 Greenmount Ave

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy

Date of Burial, Aug 23d

Undertaker, H. Hirdfeld

Place of Business, 71 Greenmount Ave *Address,*

Wm Whitridge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50582

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 21 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 4 Mechanics Court

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Mechanics Court

Cause of Death, First, (Primary.) Heat

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Aug 22nd 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Alexander Tinsley M.D.,

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Bailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 19 Jordan Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 19 Jordan Alley

Cause of Death First, (Primary,) I only saw the patient once - in extremis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22nd

Undertaker, Hemsley & Madden

Place of Business, #116 Eutaw

C. Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 50584

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edgar Mason

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} ~~Same~~ Orleans St 2 months old.

Cause of Death. First, (Primary.) Hydrocephalus

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, Aug 22nd 1881

Undertaker, J. T. Whitehurst & Co.

Place of Business, 5 N Gay St

Wm. L. Russell M.D.,

Medical Attendant.

Address, 1 Broadway E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50585 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 60 Wayne Ave

Cause of death, First, (Primary,) Abscess

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 22

Undertaker, Hercules Ross

Place of Business, 75 Conway St

Jno D Blake M. D.,
Medical Attendant.

Address, 116 Fallon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 50586

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, African

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, 0 0

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 210 Dover St

Cause of Death, First, (Primary.) Asthenaia

Second, (Immediate.) Spasm & Vomiting

Duration of Last Sickness, Ever since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, August 22d

Undertaker, Mr Rast

Place of Business, Cor Conway & Eden

Dr Wm P Chum ~~M.D.,~~

Medical Attendant.

Address, Maryland Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5058 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Klein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 91 Granby St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 22nd 1881

Undertaker, H. Hoerle

Place of Business, N. Central Av *Address,* Comm of Health

James A Steuart M. D.,

[redacted]

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Jo. R. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 50388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALLEGHANY DEPARTMENT OF HEALTH 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21st August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph W. Bently.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or Widower, { Cross out the word not required in this line. } .....

Occupation, Machinist.

Birthplace, { State or country, (and how long in the United States if of foreign birth. } England

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number } 213 N. Gary St.

Cause of Death, First, (Primary,) Lunacy in threat

Second, (Immediate,) Congestion of Lungs.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 23d 1881

Undertaker, Geo H. Weaver & Co

Place of Business, 422 W Fayette St *Address,* 425 W. Fayette St.

N. W. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 50589

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt & Julia Stern

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Parents

Age, *Years,* *Months,* 4 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 199 N. Central Ave.

Cause of Death, First, (Primary.) 7 Minutes.

Second, (Immediate.) Cyanosis

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Eden St Synegauge

Date of Burial, Aug 22 1901

Undertaker, R. Stern

Place of Business, 2 N. Hegk St *Address,* 1620 Eden

Edward A. McDonald *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50590 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon A. Wilson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* One *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 73 Iceland St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms ~~~

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cemetery

Date of Burial, Aug 22 " 1881

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* Comm of Health

Thos A Emmas M. D.,
Medical Attendant.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Examined by J. V. Fitzpatrick

Board of Health, City of Baltimore.

Permit No. 50591 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maude Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 52 Hillsman St

Cause of death, First, (Primary,) Membranous Croup.

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 23d 1881

Undertaker, Wm. Devries

Place of Business, 23 S. Gay St. *Address,* 44 N. Gay St

T. E. Stout M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal

Permit No. 51592 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Whitridge McCubbin Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} # 342 McDonogh

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 23 Aug.

Undertaker, John W Jackson

Place of Business, 52 E or Bay

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 50593

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Jul Hynes Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 147 E Baltimore st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 23d 1881

Undertaker, Jno Woo

Place of Business, Hayden & Broadway

A Polyeuti M.D.,

Medical Attendant.

Address, 137 N Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50594 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21 1901

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Eight (8) *Months,* Twenty eight (28) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 5. Exeter St

Cause of death, First, (Primary,) Entero Intestinal Catarrh

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetry

Date of Burial, August 23

Undertaker, B. Ward.

Place of Business, 82 West St.

C. E. Abbott M. D.,
Medical Attendant.

Address, 407 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Virginia Craig

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr 8 mos 2 days

Place of Death, {Give street and number} 129 Cross St

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, August 24

Undertaker, B. Hark

Place of Business, 82 West St.

Robert B. Lowe M. D.
Medical Attendant.

Address, 223 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of T

Board of Health, City of Baltimore,

Permit No. 50596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna. Christina. Schramm.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 690 Light Street.

Cause of Death { First, (Primary,) Diphtheria.
Second, (Immediate,)

Duration of last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, August 25th

Undertaker, B. Hark

Place of Business, 42 West St.

I, J. O. Harrington M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, aug 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} - Herman Vossberg

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Centre & Edmund

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Premature - (6 mos) lived but few minutes.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Lafayette

Date of Burial, 23 August 1881

Undertaker, Elmer Herbert 48 N. Ave

Place of Business, Beer Saloon

F. E. Chatard Jr M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 0...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday August 22nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Goldman,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 138 Harrison St

Cause of Death First, (Primary,) "Enteritis"

Second, (Immediate,) Cerebral Complications

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, F Point Cem

Date of Burial, Augst 23rd

Undertaker, M Goldsmith

Place of Business, 53 High St

Wilmer Smith M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Bal.

Permit No. 30599

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG 23
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Devine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 29 Centre Mkt.

Cause of Death, First, (Primary.) Chronic Gastritis

Second, (Immediate.) Dropsy

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 23rd 1881

Undertaker. Jos C Byrne

Place of Business, 63 Hanover

A R Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 50 600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Linthicum German

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 6 *Months,* *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 41 N. Exeter St.

Cause of Death First, (Primary,) Biliary calculi, & Congestion of Kidneys - with complete suppression of urine.

Second, (Immediate,) asthenia

Duration of last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 24th 1881

Undertaker, Thos. S Hughes

Place of Business, 60 E Balto St

Irving Miller M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health. City of Baltimore,

Permit No. 50601 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Harter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 5 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number.} No 62 Stockholm St

Cause of death, First, (Primary,) Pneumonia & Malarial

Second, (Immediate,) Exanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington C A A Co

Date of Burial, August 23 1881

Undertaker, Phil J Dill

Place of Business, 153 Columbia Ave

Wm P Chum M. D.,
Medical Attendant.

Address, 365 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50602 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Josepha

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Three months.

Place of Death, {Give street and number.} # 150 Canton Av.

Cause of death, First, (Primary,) Inflammatory Diarrhoea.

Second, (Immediate,)

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, ~~Aug. 22nd~~ Aug 22nd 81

John H. Rehberger M. D.,
Medical Attendant.

Undertaker, Marshall Scarff

Place of Business, No. 35 Bank St. *Address,* # 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt.

Permit No. 50603 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Probably over 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Porter & Victualler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hartford Co. Md

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 150 N Caroline St

Cause of Death, First, (Primary.) Dental abscess & debility

Second, (Immediate.)

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23rd 1887

Undertaker, Thos J Locke

Place of Business, 413 Jefferson

D W Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis D. Gildea

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brick-layer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } From out West Pacca St.

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 23d 1881

S. K. Merrick M. D.
for Dr. Walker
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address* 131 Worth Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50605 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

Date of Death, Monday August 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thadeus Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 127 N. Bethel St

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 23rd 1881

Undertaker, Theo J Locke

Place of Business, 413 Jefferson St

Geo H Dayhuff M. D., Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 30606

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml G Simmons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 H Wilhelm st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 23rd 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

James Foley M.D.,
Medical Attendant.

Address, 512 N Amity

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. D...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha E. Purnell

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 53 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and number } 45 Mt. Vernon Place

Cause of Death, First, (Primary.) Cancer

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls

Date of Burial, Aug 25th 1881

Undertaker, H. W. Dennis & Son

Place of Business, 75 N Charles

George E. Edmunds M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephraim Butler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 14 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 12 years life — 12 Parish al — Insanitum —

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) ——
Second, (Immediate,) ——

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Aug 24 1881

Undertaker, Wm. N. Dangle

Place of Business, No 62 East st

Jas. J. Kirwan M. D.
Medical Attendant.

Address, 215 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balt...

Permit No. 50609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 25 1881 BALTIMORE

Date of Death, August 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and number.} 35 Booth St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, August 23 1881

Undertaker, Wm. K. Durell

Place of Business, No 62 East st

J. Shelton Hill M.D.,
Medical Attendant.

Address, 432 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balto.

Permit No. 50610

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 21 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 McElderry St. Court

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Dropsy

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 23/1881

Undertaker, Wm N. Burgee

Place of Business, No 62 East st

J J Gaddis *M.D.,*
Medical Attendant.

Address, 13 Carlton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 50611

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conroi...

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 50 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co - Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 265 Saratoga St

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Aug 23rd 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street

M Chatelain M.D.,

Medical Attendant.

Address, No 1 Eutaw Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 50612

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Jefferson Dyson,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 14 *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 25 Gough St.

Cause of Death, First, (Primary.) Catarrh of Respiratory & intestinal tracts

Second, (Immediate.) Meningeal Hemorrhage

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Aug 24th 1881

Undertaker, Jos S. Cook

Place of Business, No 707 W Baltimore st

G. G. Tust M.D.,
Medical Attendant.

Address, Balt & Hack. Rds.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 30613

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 22 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hearn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* *Days.*

Color, Mul

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 201 Hollins St

Cause of Death, First, (Primary.) Colon Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 23rd 1881

Undertaker, Geo H Cook

Place of Business, No 707 West Baltimore Street *Address,* 707 W Baltimore St

W H Duncan M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 50614

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th aug. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Wimmer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Piano Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore - Since Birth

Duration of Residence in the City of Baltimore, 354 Hanover St

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Gastro - Enteritis

Second, (Immediate.) Exaustion + convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 22nd 1881

Undertaker, Wm. E. Chenoweth

Place of Business, 336 Pennsylvania ave

A. W. Dodge M.D.,

Medical Attendant.

Address, 207 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Leonard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Nineteen *Years,* — *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salisbury Md.

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} No. 101 Orchard st.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Prostration

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, August 23

Undertaker, Hercules Ross

Place of Business, 95 Conway St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2296 Trans

Board of Health, City of Baltimore.

Permit No. 30616 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamik Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 79 Mosher alley

Cause of death, First, (Primary,) Uremia

Second, (Immediate,) Puerperal Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24

Undertaker, Hercules Ross

Place of Business, 95 Commerce St

Hector Cole M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd/81,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Patrick Ward,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cor Madison St & Liberty al.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 E Cor Madison St & Liberty al.

Cause of Death, {First (Primary,) Tuberculosis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Aug. 23. /81

{Undertaker, M. A. Daiger

{Place of Business, 74 S. Broadway

Medical Attendant. M. D.

Address 128 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50618 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug - 22 nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 191 S. Washington

Cause of death, First, (Primary,) Cyanosis - Malformation of the Heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sct Paulus Cemetery

Date of Burial, Aug 23th 1891

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

G. L. Wilson M. D.,
Medical Attendant.

Address, 7 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 20619

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brackard

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Male

Age, 71 *Years,* 4 *Months,* 12 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Stonecutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 77 N. Eutaw St.

Cause of Death, First, (Primary,) Natural Disease of Heart

Second, (Immediate,)

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug. 25th 1881

Undertaker, H. Lewis Schaefer

Place of Business, 109 N. Fremont

J. H. Littell M. D.
Medical Attendant.

Address 120 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 50620

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 22d August. 1881. 8 a m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Green.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Sixty one, 31 *Years,* *Months,* *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Sussex Co. Delaware.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, { Give street and number. } Barnum's City Hotel,

Cause of Death, First, (Primary.) Parietal abscap of abdomen,

Second, (Immediate.) Bursting of abscap into P. Cavity,

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, August 23rd 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

McNair Bibbins, M.D.,
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Denby

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~Pittsburgh~~ Pa 13 to 16 yrs

Duration of Residence in the City of Baltimore, 4 Penn alley

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Miscarriage / Second, (Immediate,) Septicaemia

Duration of last Sickness, 2½ weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augst 23d 1881

Undertaker, P. Kinnamon

Place of Business, Mulberry St

R. Winslow M. D.
Medical Attendant.

Address, 251 N. Riddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50622

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
AUG
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O'neill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Harris Alley

Cause of Death, First, (Primary.) Duration

Second, (Immediate.) Hydrocephaloy

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, S Paul's Cemetry

Date of Burial, Aug 23

Undertaker, Wendell Dingle

Place of Business, 1 Bond 161

E. Dillon M.D.,

Medical Attendant.

Address, 17 Patapsco St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30623

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 30 - *Years,* - *Months,* - *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boatblack.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} On Camden St. Opposite of No. 62

Cause of Death, First, (Primary.) Stab, in the heart

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 22/

Undertaker, Fred'k A Kuchman

Place of Business, 50 Carrollton Ave. *Address,* 161 So Sharp St

Chas. A. Bell M.D.,

~~Medical Attendant~~ Coroner 8th Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gradiesia Fumano

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 2 1/2 Months

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Cerebral Effusion

Second, (Immediate.)

Duration of Last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 23/81

Undertaker, Fred C Reichner

Place of Business, 50 S Carroll bet Lee & Conway *Address,* University Hospital

H WEST M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50625

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} not known

Occupation, ~~Fisherman~~ Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 1½ Month

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Rheumatism ✓

Second, (Immediate.) Pericarditis

Duration of Last Sickness, 1½ month

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 23/81

Undertaker, Fredk Kirchner

Place of Business, #50 Harrollton Ave *Address,* University Hospital

WEST ..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50626 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pree

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3. Norwood's court

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, August 23rd 1881

Undertaker, F. O. Kershner

Place of Business,

James A Clemans M. D.,
~~Medical Attendant.~~

Address, Corner of East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Etaine J. P. V. Tolzpatrick

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule [illegible] on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warner Chastnut Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Raborg Street

Cause of Death First, (Primary,) Dentulosis

Second, (Immediate,) Two months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 22 - 1887

Undertaker, Hemsley & Bradley

Place of Business, # 16 Orchard St

Chas G. Neff M. D.
Medical Attendant.

Address, 206 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health. City of Baltimore.

Permit No. 50628 *Office of Registrar of Vital Statistics.* Ward 2nd 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

Date of Death, 23th. August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Pilepper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years.* 4 *Months.* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Bond Street 313.

Cause of death, First, (Primary,) Gastro enteritis

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 24.th August 1881.

Undertaker, Leonhard Meyer

Place of Business, S. Bond St 225 *Address,* S. Wolfe str. 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30629

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Match Seller

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 41 Lowest

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Morbus

Duration of Last Sickness, one Day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 23 1881

Undertaker, Abraham Wagman

Place of Business, 13 Saratoga St

Applegate M.D.,
Medical Attendant.

Address, 13 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnella Andrew

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} No 236 Gough st

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Bel Air Cemetery

Date of Burial, 24 August

A. L. Clarke *M. D.*
Medical Attendant.

Undertaker, J. W. Saulsbury

Place of Business, 528 or Gay St. *Address,* 235 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50631 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Maternité

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 24 1881

Undertaker, Jos Bramigan

Place of Business, 157 Division St

Marbury Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Philip Schriste

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 57 Lexington Ave

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria

Date of Burial, Aug 24, 81 Tues.

Undertaker, C. F. Krause

Place of Business,

J. D. Sikes *M. D.*

Medical Attendant.

Address No. 340 E. Fall St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2297 Transcribed

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday August 22nd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter L. Lonnach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 515 Aisquith St

Cause of Death { First, (Primary,) Inflammation of Bowels Cholera Infantum Jaundice
Second, (Immediate,) Hemorrhage from Trachea Mucous Membrane of Throat.

Duration of last Sickness, Life time

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 23d

Undertaker, H. J. Middleton

Place of Business, 90 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 E. Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 24 1891 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emaline Hellen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lancaster Co Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } 231 Lexington

Cause of Death { First, (Primary,) General Debility

Second, (Immediate,) Typhoid Malarial Fever

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Philadelphia Road

Date of Burial, Aug 24

Undertaker, J J Chalmers

Place of Business, 341 Penna Ave *Address,* 150 E Lexington

E A Geisse *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 23 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Roome

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 S. Schroeder

Cause of Death, First, (Primary.) Lockjaw taken by

Second, (Immediate.) mistake

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Battema Cemetery

Date of Burial, Aug 25

Undertaker, H B Cook

Place of Business, 707 W Balto *Address,*

Alexander Tensley M.D.,
Medical Attendant.

Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50 636

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bower.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Tinner.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number.} 281 E Baltimore St.

Cause of Death, First, (Primary.) Asthenia, Amaurosis &c

Second, (Immediate.) Mechanical Intufsus with hemiplegia

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 25th

Undertaker, George Schilling

Place of Business, Ashland Square

D W Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Munnikus

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 91 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and number.} 102 Aliceanna St

Cause of Death, First (Primary,) Old age

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cy

Date of Burial, August 25th 1881

Undertaker, Stewart & Brown

Place of Business, 35 Park Ave

Wm McKenzie *M. D.*

~~Medical Attendant.~~

Address. 53 N Gay Street

(See back of this certificate)

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50638

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonina Lavandoska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Province Posen Canada

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} Residence 65.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 24 Aug

Undertaker, Wm Lloyd

Place of Business, 152 E Bernard

John A Schultz, **M.D.,**
Medical Attendant.

Address, 1 E Lexington Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30639 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th. August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rigold Freund

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} S. Castleman C.

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, S. Holloman's Lot

Date of Burial, 24 Aug

Undertaker, H. Dizel

Place of Business, 157 E Bond

William Henke M. D.,
Medical Attendant.

Address, S. Wolfe & 112.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30640

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Keenig

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 204 Fort St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, August 25th

Geo. L. Brewer M. D.
Medical Attendant.

Undertaker, Michael Lynch

Place of Business, No 25 Park St *Address,* 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Conlon

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Boiler Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and number } 8 Little St

Cause of Death { First, (Primary,) Chronic Rheumatism

{ Second, (Immediate,)

Duration of last Sickness, about Nine Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 24th 1881

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty St | *Address,* 77 Hill St

Julius Hall M. D.
Medical Attendant.
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Gaman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Whalcoat St No. 14

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Suffocation

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto, Cem'y

Date of Burial, Aug 24th 1881

E. G. Sparrow M. D.
Medical Attendant.

Undertaker, D Amy Hutchcee

Place of Business, 550 N. Fayette St *Address* No 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23 91

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie M. Uncack

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 240 N Calhoun St

Cause of Death, First, (Primary,) Bilious Remit ter. endocd by Malarial poison

Second, (Immediate,) Convulsions

Duration of last Sickness, Total 36 hrs

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Aug 25th

C. H. Dalton M. D.

Medical Attendant.

Undertaker, M E Th & Shields

Place of Business, 60 Carrollton ave *Address,* 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4.30 P.M. August 23th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Bolster

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Thirty (30) *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 111 Conway St., Balto. Md.

Cause of Death { First, (Primary,) Accidental fall from 2d. Story window
Second, (Immediate,) upon his head

Duration of last Sickness, Two hours & a half

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 24th 1881

Wm. McNickerson M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St. *Address,* Cor Arlington & Harlem Aves.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50 [illegible]5 *Office of Registrar of Vital Statistics.* Ward 3 nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ~~35~~ *Months,* ~~Days.~~

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md

Duration of Residence in the City of Baltimore, yrs 12.

Place of Death, {Give street and number.} 103 Bethel, above Lenght St.

Cause of death, First, (Primary,) Inflamatory degeneration of Kidneys (Bright Disease complications;
Second, (Immediate,) Uraemia; Coma; convulsions.

Duration of Last Sickness, About one year. —

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetry

Date of Burial, Aug 24.

Undertaker, Charles [illegible]

Place of Business, 85 [illegible]

A. V. Goswiler, M. D.,
Medical Attendant.

Address, 144 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50646

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 31 Ravens Ct

Cause of Death, First, (Primary.) Enteric Fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Aug 24th 1891

Undertaker, Jno. W. Chase

Place of Business, 69 S. Howard St.

H. Steiger M.D.,
Medical Attendant.

Address, 54 E Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Tilghman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty (30) *Years,* *Months,* *Days.*

Color, Coloured.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co. Eastern Shore Maryland.

Duration of Residence in the City of Baltimore, About Twenty two Years (22)

Place of Death, {Give street and number.} No 14 Chestnut Aly. Baltimore.

Cause of Death, First, (Primary.) Phthisis. (Consumption)

Second, (Immediate.) Pulmonary tuberculosis.

Duration of Last Sickness, About Fourteen (14) Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 26th 1881

Undertaker, Saml. W. Chase

Place of Business, 198 S. Howard St. *Address,* 47 Franklin St.

McEvan Bibbins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30618 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lohan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 6 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Bartlett

Cause of death, First, (Primary,)

Second, (Immediate,) Cyanosis

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cty

Date of Burial, Aug' 24th 1881

Undertaker, John Meaher

Place of Business, No 150 Canton

Wm S Platt M. D.,
Medical Attendant.

Address, 168 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50649

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug. 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Chenn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 55 *Years,* *Months,* *Days.*

Color, blk

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 60 Richmond st

Cause of Death, First, (Primary.) Typhoid fever.

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

G Lane Tanyhill *M.D.,*

Medical Attendant.

Address, 129 N. Biddle st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 00650

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Washington Bush.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 25 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle Co.

Duration of Residence in the City of Baltimore, 7 months.

Place of Death, {Give street and number} 64 Stockholm St.

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Enteritis.

Duration of last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md.

Date of Burial, Aug 24th 1881

A. G. Watts. *M. D.*
Medical Attendant.

Undertaker, John S Mackie

Place of Business, No 150 Camden *Address,* 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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2298 Tra

No. 20631

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 20651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Aug 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hartman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Usa Williamsport Pa

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 10 S Collington ave

Cause of Death, First, (Primary.) Renal Colic

Second, (Immediate.) Collapse

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Williamsport Pa

Date of Burial, Aug 25 1881 B. F. Leonard *M. D.*

Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Row *Address,* 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2299 Trans

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50652 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1881 BALTIMORE.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stitch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 463 Eastern Ave

Cause of death, First, (Primary,) Congestive Chill

Second, (Immediate,) Edamptoria

Duration of Last Sickness, Only a few hours

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, August 25th 1881

Undertaker, Burns & Mitchell

Place of Business, 65 S Broadway

James E Donnelly M. D., Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. AUG 24 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelo Schiaffino (Schuffino)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 99 S. Washington

Cause of Death, First, (Primary.) Cholera Infantum — [redacted] Thrombus

Second, (Immediate.) Collapse

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 25th 1881

[redacted] M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 BALTIMORE

Date of Death, August 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Ver Millich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 4 *Months,* 11 *Days.*

Color, ~~Very~~ Fair (white) *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman on the B. & O. Railroad

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince George's County

Duration of Residence in the City of Baltimore, 8. years

Place of Death, {Give street and number.} Hanover St. 606

Cause of Death, First (Primary,) Bilious Dysentery

Second (Immediate,) " "

Duration of Last Sickness, 3. Weeks "

All the above information should be furnished by the Physician.

Place of Burial, Bebb Ville Prince Geos Co John T. Brown M. D.
Medical Attendant.

Date of Burial, Aug 25th 1881

Undertaker, A. M. Leonard & son *Address* 267. Montgomery St

Place of Business, 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2300 Fremont

[OVER.

Board of Health, City of Baltimore,

Permit No. 50655

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 90 S. Mount St

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid-Malarial Fever

Duration of Last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 25th 1881

W. H. M. Bruce M.D.,
Medical Attendant.

Undertaker J. W. Leonard Son

Place of Business, 782 W. Baltimore *Address,* 582 W. Lafayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5[illegible]6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia G. Newkirk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 10 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 10 Williamson St

Cause of Death { First, (Primary,) Convulsions

Second, (Immediate.)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, this day 25th 1881

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 327 N. Gaulard St

B. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50657

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Rockell –

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White –

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years –

Place of Death, { Give street and number. } 254 Lafayette Av –

Cause of Death, First, (Primary.)

Second, (Immediate.) Jaundice –

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 25th 1881

Undertaker, Jno H Weaver & Co

Place of Business, # 224 W Fayette st *Address,* 95 E Baltimore St –

C. W. Hook, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50658 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Koehler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House-lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 249 S. Broadway

Cause of Death, First, (Primary.) Poisoned by Carbolic acid taking it by mistake

Second, (Immediate.) Heart attacked this

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Aug. 25th 1881

Undertaker, Henry Lander

Place of Business, 252 Eastern Ave *Address,* 245 S. Baltimore St.

J. Statter M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunegunda Bock.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Home Keeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 25 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 493 Saratoga.

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus.

Six weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 25 Aug.

Dr. Thos. O'Brien *M.D.,*

Medical Attendant.

Undertaker, P. Lennard

Place of Business, 317 Mulberry St *Address,* Lexington & Cary Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1"

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th Aug. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Martin Scheuerman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 172 Fairmount Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 27th 81

E. P. Irons *M. D.*
Medical Attendant.

Undertaker, M. Byrnes

Place of Business, 280 Conton Ave *Address,* 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50661

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Katenkamp

Sex, Male or Female, {cross out the word not required in this line.} female.

Age, 25 *Years,* 10 *Months,* 2 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.} single

Occupation, Nurse.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 158 George St.

Cause of Death, First, (Primary,) Typhoid Fever.

Second, (Immediate,) " "

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Druidhill

Date of Burial, Aug. 25th 1881.

N. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str. *Address,* 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50662 *Office of Registrar of Vital Statistics.* Ward 16 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death. August 31st 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Permit Geo W Kate Gallon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* One *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cent Pa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 E Fremont

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore ct

Date of Burial, Dec 25th 1891

Undertaker, J H Shuler

Place of Business, 150 Carey

Geo W Kline *M. D.,*
Medical Attendant.

Address, 6 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Stiller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 69 St Paul.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty

Date of Burial, Aug 25th 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles st

F. E. Shattuck M. D.
Medical Attendant,

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 57664

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Hennessy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 22 Willow St

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, St Vincent Cem.

Date of Burial, Aug. 25th 1881

Silas N Hunter M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N Gay St *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50665

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Boehm

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 S. Conkling

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 26, 1881.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 245 S. Bethel

J. Thos. [illegible] M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 28 N. Wolf St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 25th 1881

Undertaker, John Data

Place of Business, 161 E. Baltimore St

R. McCathran M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug-24-81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra Davis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick, Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 145 Mulberry St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

Duration of last Sickness, 15 yrs

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Aug 26th 1881

Undertaker, Deihm & Mellott

Place of Business, 530 W Fayette St *Address,* 215 N. Carrollton Ave

John J. King *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2301 Fraser

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Agnes Gross

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, two months & one week *Years,* *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 109 Griffin Court

Cause of Death First, (Primary.) General debility — scrofulous diathesis

Second, (Immediate,) Cholera infantum

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, Aug. 25th 1887

W. E. Sandrock M. D.
Medical Attendant.

Undertaker, F. A. Kercheval

Place of Business,

Address, 229 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 50669 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 23rd 1881

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Ella West

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, 6 Months. ~~ Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 Union St

Cause of death, First, (Primary,) Mal Nutrition (atrophy

Second, (Immediate,) Incanition

Duration of Last Sickness, 3. Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 25th 1881

James Allen M. D.,
~~Medical Attendant.~~

Undertaker, W. H. Bishop

Place of Business, Druid Hill & Eutaw *Address,* Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd, J. C. Fitzpatrick [Coron.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore, 111 Conway St.

Place of Death, {Give street and number} Quarantine

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) 4 mos.

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 23-81

Undertaker, W. J. Tickner

Place of Business, Eutaw & Camden *Address,* 313 S. Charles St

R. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30671 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma M. Rotte.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 459 W. Fayette.

Cause of Death, First, (Primary.) Denticion.

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Aug. 26. 1881

S. Thos Opie, M.D.,
Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, 707. W. Balto St *Address,* Lexington Town Carry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30672

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bruce Geo Co Md

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Dyaenia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, August 25

Undertaker, Patrick Mullin

Place of Business, ...

J Kett M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Pottinger Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bank Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington Co Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 168 Linden Ave

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Diarhoea

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, August 26th 1881

D D Mackenzie M. D.
Medical Attendant.

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address* 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2302 Fawcett

Board of Health, City of Baltimore,

Permit No. 5067 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 402 S. Register st

Cause of death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 26th 1881

Undertaker, Gaspar Eckhardt

Place of Business, Canton Ave

Address, 46 Hanover

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th day of August 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Oscar Lisher

Sex, Male or Female, { cross out the word not required in this line. }

Age, *Years,* 18 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 33 Rock

Cause of Death { First, (Primary,) Gastro Intestinal Irritation
Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Anapolis Junction

Date of Burial, august 26

Undertaker, J Frank Loane

Place of Business, 654 w Baltimore St *Address,*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2303 Frances

Board of Health, City of Baltimore,

Permit No. 50676 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1897 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24/97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Leitch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ——— *Years,* 17 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 & 4 Ridgely St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 25th

Undertaker, Henry Briscoe

Place of Business, Hanover St. 81

Rod Hall M. D.,

Medical Attendant.

Address, 168 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Galloway

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about 29 years

Place of Death, {Give street and number} 94 Henrietta St

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Asthenia

Duration of last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Spark St. Cemetery

Date of Burial, August 24

Undertaker, H. ROSS

Place of Business, 95 Conway St. *Address,*

Julius Hall M. D.
Medical Attendant.
Southern Dispensary.
77 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50678 . *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT ... BALTIMORE

Date of Death, August 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ford

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 25 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Loudenhall St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Camden Station M.D

Date of Burial, August 25 W S Booze M. D.

Undertaker, Heuel & Ross Medical Attendant

Place of Business, 95 Conway St *Address,* 206 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of bir[illegible] of illegitimate children. 2304

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50679 *Office of Registrar of Vital Statistics.* Ward 19 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 25
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 23 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Harmony Lane

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, Augst 25 " 1881

Undertaker, J. A. Kerchner

Place of Business, S. Carrollton Ave *Address,* Comm of Health

J. Thos. Steiner, M. D., Medical Attendant

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. V. Fitzpatrick

Board of Health, City of Baltimore.

Permit No. 30680 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 90 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Patapsco Av

Cause of death, First, (Primary,)

Second, (Immediate,) Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 25th 81

Undertaker, Geo H Perkins

Place of Business, 130 Mount St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50681 *Office of Registrar of Vital Statistics.* **Ward** 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Pulley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 m

Place of Death, {Give street and number.} S. Redmans cor

Cause of death, First, (Primary,) Enteritis-entestis

Second, (Immediate,) Nervous Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 25th 94

Undertaker, Geo H. Perkins

Place of Business, 130 Hanover *Address,* 813 Light st

C. H. P. Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50682 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 146 Hollins

Cause of death, First, (Primary,) Apoplexy —

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 25th 1881

Undertaker, Jas. B. Cook

Place of Business, No 707 W. Baltimore Street

Edw. J. Nicholson M. D.,
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 VIII 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Linn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 198 Germain St.

Cause of Death, First, (Primary.) Typho = Malarial fever

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Aug 26/81

Undertaker, Thos Rothel

Place of Business, 192 Germain St *Address,* 226 Mulberry St.

Louis Chs Horn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Baldenston

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wireworkers

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 515 W Fayette st

Cause of Death First, (Primary,) Enlarged Prostate Gland

Second, (Immediate,) Uremic Poisoning

Duration of last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Harford Road Friends Cemetery

Date of Burial, Aug 27th 1881

Chas A Winslow M. D.
Medical Attendant.

Undertaker, Jas H Weaver & Co

Place of Business, 22 W Fayette st *Address,* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 07685

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hutbangs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Streets

Cause of Death, First, (Primary.)

Second, (Immediate.) General Debility old age

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, August 26th 1881

Undertaker, Henry Shelthers

Place of Business,

M. Rooke Doyle M.D.,

Medical Attendant.

Address, Calvert & Eutaw Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50686 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Handy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Harmony Lane above Pulaski

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 25 1881

Undertaker William H Dugan

Place of Business, 10 Stockton Alley

H F Hill M. D.,
Medical Attendant.

Address, 361 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50689 *Office of Registrar of Vital Statistics.* **Ward** 18 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug't 25" 1881"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Marshall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2.5 *Years,* 6 *Months,* 15" *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33. Stockholm St

Cause of death, First, (Primary,) Intermittent Fever

Second, (Immediate,) Dysentery

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug't 26" 1881

Undertaker, Armstrong & Wendy

Place of Business, Light St. *Address,* Comm of Health & Registrar

M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Over by John E. Burdine

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17688

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. W. Phelps

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Seven *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 475 Saratoga St.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, about seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 26/81

P. Winter M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 30689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 = 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Louisa Luft

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 15 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 151 Jefferson st.

Cause of Death, First, (Primary.) Catarrhus intestinalis

Second, (Immediate.) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 27 th

Undertaker, Michael Trunk

Place of Business, No. 35 Bank St

J. Slattery, M.D., Medical Attendant.

Address, 245 E. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 50690

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Albert Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queenanne Co. Md.

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number.} 48 Clifford st.

Cause of Death, First, (Primary.) Valvular Disease of Heart.

Second, (Immediate.) Pulmonary Oedema.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Aug 26 1891

Undertaker, F. A. Kerchner

Place of Business, S. Carroll Ave

E. Meierhoff M.D.,
Medical Attendant.

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Thomas Hines

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Br

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 69 Parkin St

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, August 26th

Chas. H. Nelson M. D.
Medical Attendant.

Undertaker, A. Weidemann

Place of Business, W. Balto St *Address,* 206 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 30692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lois A. Forbush

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 149 Pierce St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) 4 days.

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26th

Undertaker, John C Gordon

Place of Business, 63 Park ave

J. W. C. Cuddy, *M. D.*

Medical Attendant,

Address, 813 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50693

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Aug 25 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosette Elliott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Eighteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 658 Pennsylvania Ave

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, 10 - days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, August 26

H. J. Houck *M.D.,*
Medical Attendant.

Undertaker, Walter Emmert

Place of Business, 216 West Biddle *Address,* Carey & Preston sts City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 50694

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Seiling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 15 Federal st

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 26th 1881

Undertaker, Wm J Serium

Place of Business, 211 Eutaw St

Geo Dunyan M.D.,
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37 695

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Helmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Reader of a Synagogue

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 123 E Lombd.

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel St. Hebrew Cem.

Date of Burial, August 26th 1881

Undertaker, Wm. Silver

Place of Business, 101 Gough St.

A R Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore.

Permit No. 50696 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rivia A Selby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* 5 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born here

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 9 E Lombard

Cause of death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Uremia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Aug 26 1881

Undertaker, American Dem Co

Place of Business, Cor Light & Lombard Address, 44 S. Broadway

G. L. Whitney M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Aug 25th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Dorsey.

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 20. *Years,* *Months* *Days*

Color, Black.

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Son of James L. Dorsey,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 196 King St,

Cause of Death, {First (Primary,) Acute Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 26 1881

Undertaker, S W Chase

Place of Business, 198 Howard St

John L. Dorsey M.D.
Medical Attendant.

Address, 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thomas Garrison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia 6 mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Rabor[illegible] near [illegible]

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, over two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetary

Date of Burial, augst 26

Undertaker, John Owens

Place of Business, 152 Lee St

John Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30677

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Kappler

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } No 312 Aliceanna st

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Inanition

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 26th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

L O Winternitz M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50708

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25 /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos G Morow-

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 414 McHenry St-

Cause of Death, First, (Primary.) Pulmonary phthisis

Second, (Immediate.) " "

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, London Park cem

Date of Burial, Aug 26th 1881

Undertaker, Elisha Coy

Place of Business, 84 & 86 Bank St *Address,* Fayette & Calhoun Sts

W G Kyser M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa White (Mother)

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, √

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternite Hospital

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number} Maternite Hospital

Cause of Death, First, (Primary,) Emanition

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager's J. D. Compton M. D.

Date of Burial, Aug 28th 1881 Medical Attendant.

Per B.

Undertaker, Nat Mullen

Place of Business, S. P. Park Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30702 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Münchow

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* — *Days.*

Color, White,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria, Germany 24 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 May st - Balto Md

Cause of Death, First, (Primary.) Cancer = Operation

Second, (Immediate.) Diarrhoea & Prostration

Duration of Last Sickness, about 6 or 7 days =

All the above information should be furnished by the Physician.

Place of Burial, St Mathie Cem'y

Date of Burial, August 26 th 1881

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

J. Ridgway André M.D.,
Medical Attendant.

Address, No 121 E. Balto st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50703 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa E Krafft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 956 McDonough St

Cause of death, First, (Primary,) Gastro Intestinal Catarrh Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Edwards Cemetery

Date of Burial, August 29 1881

Undertaker, Henry Hoke

Place of Business, 309 N Eutaw

J. W. Sloan M. D.,
Medical Attendant.

Address, 409 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50704 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Blank~~ Ernstina Kruch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 243 S Broadway.

Cause of death, First, (Primary,) Diptheritic croup

Second, (Immediate,)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 27 August 1881

Undertaker, John C. Schuck

Place of Business, 165 Aliceanna

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 S Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50705 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Williams

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 87 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 266 Robert St

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 26th 1881

Undertaker, John C. Jordan

Place of Business, Park ave *Address,* Comm of Health & Physicians

James [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Evan L. V. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50706 *Office of Registrar of Vital Statistics.* **Ward** 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cole

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10 Mulberry St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem

Date of Burial, Aug 26 "1881

Undertaker, P. McCullin

Place of Business, ~~Address,~~

Thos A Cline M. D.,
Medical Attendant
Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd. 28 Dec 88

Board of Health, City of Baltimore,

Permit No. 50707 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, CC *Years,* 3 *Months,* *Days.*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md CC — 3

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Burrough

Cause of death, First, (Primary,) Syphilis

Second, (Immediate,) Chronic Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Elliott Landing Harford Co

Date of Burial, August 27

Undertaker, B Heath

Place of Business, 42 West St

R. H. Ellis M. D.,
Medical Attendant.

Address, 3-3 Eight

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50708

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Kane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.W. Cor Penna Ave & Baker St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Apoplexy -

Duration of Last Sickness, 1 Hr

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 27th 1881

Chas E Sadler M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 624 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG. 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Reth

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 19 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 357 E. av.

Cause of Death, { First, (Primary.) Cholera Infantum / Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug. 26th 1881

R. W. Mansfield M.D.,
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern av, *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50710

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Engelhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 6 Months, 1 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 242 E. Durham st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug. 27th 1881

Thomas J. Evans M.D.,
Medical Attendant.

Undertaker, Henry Sandoe

Place of Business, 252 Canton ave, *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No - 233 Gough St

Cause of Death { First, (Primary,) Typho-Malarial Fever
Second, (Immediate,) (Complicated with Pneumonia)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 27th 26th

Undertaker, W. Clarke & Sons

Place of Business, 64 Eutaw *Address,* 237 Gough St

A. J. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50712 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augst 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Donohue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 d Lemon St

Cause of death, First, (Primary.)

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet

Date of Burial, Augst 26th 1881

Undertaker, Jos. B. Cook

Place of Business, W. Balto St

Jas A Steuart M. D.
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Drawn by J. V. Fitzpatrick

No. 5073

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Flautt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 241 Penna Av

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 29 Aug

Undertaker, J. H. Palmer

Place of Business, 241 Penna Av

J. W. C. Addy, *M. D.*
Medical Attendant.

Address, 263 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5071 4 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 26 BALTIMORE

Date of Death, August 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 320 Hanover St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Aug 26th 81

Undertaker, E. H. Perkins Jr

Place of Business, 130 Henrietta St

C. W. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50715

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1881 BALTIMORE

Date of Death, Aug 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Luckett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* 26 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} ✕ 10 Forrest St

Cause of Death, First, (Primary.) Acute Meningitis Consecutive

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial Loud Annex

Date of Burial, Aug 27 1881

Undertaker, L E Hatchett

Place of Business, Penn Ave

Sam'l J Bell M.D.,
Medical Attendant.

Address, ✕ 134 ½ Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50716

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ Years, 8 Months, ____ Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 20 McKim

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26th 1881

Undertaker, Wm. H. Thorpe

Place of Business, 406 East St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50717 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 26
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) This infant was brought in by Police, in a

Second, (Immediate,) dying condition - apparently about an hour old

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 26 1881

Undertaker, D. Brannigan

Place of Business, 156 Division St.

Anthony Brewer M. D.,
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50718

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Fuller

HEALTH DEPARTMENT AUG 26 1881 BALTIMORE

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age ~~About~~ 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, about 8 months

Place of Death, {Give street and number.} 81 Elbow Lane

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) a

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 26/81

Undertaker, Fredk A Kirchner

Place of Business, 50 Carrollton Ave *Address,* 161 So Sharp St

L. A. Bell M.D.,

~~Medical Attendant~~ Coroner So Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30719

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George. Haines

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 0 *Months,* 19 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All Lifetime

Place of Death, { Give street and number } Baltimore City Sunkins Alley No 14

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Typhoid Fever

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 26

Undertaker, W. Cadow & Sons

Place of Business, 73 Jefferson St *Address,* Orangeville Balto Co Md

R. H. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50720 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Stolinski

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Hunstreet 380

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Emanuel's Cemetery

Date of Burial, August 28th 1881

Undertaker, John C. Schuli

Place of Business, 260 Alice Anne Str *Address,* S. Wolfert 117

William Henkel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

Date of Death, August 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rawleigh Wm Downman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commercial Traveller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 130 West Madison

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,) Collapse —

Duration of Last Sickness, 12 days —

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va Robt Dowell M. D.

Medical Attendant.

Date of Burial, Aug. 28th 1881

Undertaker, H. W. Jenkins & Son *Address* 87 Franklin St

Place of Business, 75 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2306 Frazier

[OVER.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gaither

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 118 S. High Street

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, Aug 28th

Undertaker, George Schilling

Place of Business Ashland Square

Chas. H. Morfit M.D.,
Medical Attendant.

Address, 67 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 BALTIMORE

Date of Death, August 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Owens Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 28 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N. Sticker St 80 425

Cause of Death, First (Primary,) Bright Disease of Kidneys

Second (Immediate,) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Crownsville Md Co

Date of Burial, Aug 29

Undertaker, C. W. Blizzard

Place of Business, 207 Lee ave

E. G. Sparrow M. D.
Medical Attendant.

Address Catonsville Md
S. M. Catonsville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimore,

Permit No. 60724

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Franklin Co, Pa

Duration of Residence in the City of Baltimore, 3 months -

Place of Death, {Give street and number.} 6 Washington Road -

Cause of Death, First, (Primary.) Paralysis from birth -

Second, (Immediate.) Malaria. Chills & fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 26 1881

M. Keyser M.D.,

Medical Attendant.

Undertaker, S. McLennan

Place of Business, [redacted] *Address,* S W Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 307251 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT AUG 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Wilson Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Clay digger

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Abt 18 Years

Place of Death, {Give street and number.} N.E. Cor Columbia Ave & Hanover

Cause of Death, First, (Primary.)

Second, (Immediate.) Hypertrophy of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 28th

Undertaker, F. M. Troll

Place of Business, 13 Hanover St

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57726

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Matthews Gisell

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 20 *Days.*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 152 Fortune St

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) ~~Cholera~~ Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 27

Undertaker, Joseph B Cook

Place of Business, 707 W Balto

A. McS Gibbons M.D.,
Medical Attendant.

Address, 243 N Gilmor

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50727 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 303 S Charles

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Int. Olivet

Date of Burial, August 28

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Steven Cord M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50728 *Office of Registrar of Vital Statistics.* Ward 17 SP

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa E Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months. Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8

Place of Death, {Give street and number.} 126 Johnson

Cause of death, First, (Primary,) Gastro-enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 28 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

C. H. Cleve M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 50729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie K. Crawford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 11 Sterrett St

Cause of Death, First, (Primary.) Pulmonal

Second, (Immediate.) Consumption

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Westam Cemetery

Date of Burial, Aug 28th 1881

Undertaker, John Slacher

Place of Business, No 150 Camden St

Medical Attendant. M.D.,

Address, 157 Lemon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50730

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART. AUG 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dominick Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 163 Sterling St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Aug 28th

Undertaker, K. C. Wiedefeld

Place of Business, 90 Gaumont St

Geo. Brooke Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50731 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry M. Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, music teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 327 E Pratt street

Cause of death, First, (Primary,) Inflammation of the bowels.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemty

Date of Burial, August 29th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

John I. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50732 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27/8 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoffman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 N. Amity ✓

Cause of Death, First, (Primary.) Eclampsia infantum

Second, (Immediate.)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, August 28

Undertaker, Wm. Berlett

Place of Business, Baltimore Co.

J Matthews M.D.,
~~Medical Attendant.~~

Address, 9 N. Amity

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Webb.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 - *Years,* *Months,* *Days.*

Color, White.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 61. Courtland St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Softening of the Brain, 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 28th 1881

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Baltimore St. *Address,* 55 E. Balto. St.

J. W. Hook M.D.,
Medical Attendant.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 30734 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 BALTIMORE

Date of Death, Aug 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fountain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 258 West St

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Aug 27th 81

Undertaker, Geo H Perkins & Co

Place of Business, 131 Hanover St

D H Ellis *M. D.,*
Medical Attendant.

Address, 213 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50735 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th. August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Engelleiter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1½ *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Lancaster street 95.

Cause of death, First, (Primary,) J Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 28th 81

Undertaker, M. Frame

Place of Business, 280 Canton ave

William Henkel M. D

Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore.

Permit No. 50736

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 26 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Heil

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 Fellth.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug. 27 81

Undertaker, M. Franck

Place of Business, 22 Conton ave *Address,*

J Matthews M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. J. Dugdale

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 40 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 27 188

{Undertaker, Joseph F Byrne

{Place of Business, 69 Liberty

H J Lazear *M.D.,*

Medical Attendant.

Address, City Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50738

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. M. Coale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary's Co. Maryland

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number.} 79 Mulberry St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 28 1901

Undertaker, [illegible]

Place of Business, [illegible]

F. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Aug 26th 91

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Holbrook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 minutes *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bucks City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 55 Little Monument St

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Deficient Development of Pelvis

Duration of Last Sickness, 10 minutes

All the above Information should be furnished by the Physician.

Place of Burial, Same Cemetery

Date of Burial, Aug. 27th 1891.

Undertaker, Wm. F. Bishop Jr.

Place of Business, 497 West Fayette.

Hugh Nelson M. D.
Medical Attendant.

Address Lombard & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 60748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie C. Schofield

Sex, ~~Male~~ *Female.* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 m *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor Gilmor & Lemmon

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2m days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 28th 1881

Undertaker, Jos S Cook

Place of Business, 501 W Baltimore Street

Jos Thomas Jno S Thos Jno Winnett Morris M.D.,

Medical Attendant.

Address, Cor Carrollton ave & Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August. 27 th. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Akehurst

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 236 William Street

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate.) ——

Duration of last Sickness, 8 months.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 28

Undertaker, Jos B [redacted]

Place of Business, 767 W Baltimore

J. O. Hannigton, M. D.
Medical Attendant.

Address, Cor Cross & Light Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob A. Ham.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 76 S. Carey St.

Cause of Death { First, (Primary,) Cholera Infantum. / Second, (Immediate,) .....

Duration of last Sickness, About one week.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Aug 28th 1881

Undertaker, Jos B Loch

Place of Business, No 707 W. Baltimore Street

J. Dillon White M. D.
Medical Attendant.

Address, 79 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Concannon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26- Woodyard St- Teething

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 28th 1881

Undertaker, Chas J Levine

Place of Business, 270 N Eutaw St

H G Nauck *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50744 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1891 BALTIMORE

Date of Death, August 27 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hospe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16 Bamay ah

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 29th

Undertaker, Henry Boice

Place of Business, Hanover St. 81

Theodore Cotta M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Luther Thomas

~~*Son, Male or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 3 *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 6 mo & 3 days

Place of Death, {Give street and number.} Spring Street, (South)

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28, 1881

Undertaker, Charles & White

Place of Business, 35 Granbery St

Wm H. Norris M.D.,
Medical Attendant.

Address, E Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50746 *Office of Registrar of Vital Statistics.* Ward 15-10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Busch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Wayne

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28

Undertaker, Hendekson

Place of Business, 95 Conway St

C. U. Bage M. D.,
Medical Attendant

Address, 206 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50747 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 & Plum Alley.

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28

Undertaker, H Ross

Place of Business, 95 & Albany

W. S. Bogle M. D.,
Medical Attendant.

* *Address,* 20 E. Clay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30748

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie A. Hessler.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5 N. Wall Street.

Cause of Death First, (Primary,) Diphtheria.

Second, ~~(Immediate,)~~ Complication — Croup. (Mem.)

Duration of last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Aug 29 1881.

J. O. Hannigton. M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 204 Hanover *Address,* Cor Cross & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 57749

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27-1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetha Katharina Müller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, —— *Years,* 81 *Months,* 23 *Days.*

Color, —— White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 895 W. Pratt St

Cause of Death, First, (Primary,) Pneumonia (with Malaria)

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 Days — (about)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem } *Attending*

Date of Burial, 29th of Aug. } C. C. McDowell M. D.

Medical Attendant.

Undertaker, P. Kummet

Place of Business, 317 Mulberry St. *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dawes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1038 Bourgeon St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, M. Peters Cemetery

Date of Burial, August 28

Undertaker, R. Hurle

Place of Business, 422 West St

L. C. Bruch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30757 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, August 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 692 Light St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cem Hay

Date of Burial, August 28 } of Gordon Gratz M. D.,

Undertaker, B. Hartz } Medical Attendant.

Place of Business, 82 West St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30752

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H Beans

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bucks Co. Pa.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number} 103 Fairmount Ave.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Apoplexy two

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Faulkner's Bells Co.

Date of Burial, Aug 29 1881

L. Glanville Rusk M. D.
Medical Attendant.

Undertaker, Fry

Place of Business, ~~St Paul~~ Broadway *Address,* Balt & Hanover sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50753 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Hastlove

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto: old

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S.W. Corner of Ramsay & Sterrit St.

Cause of death, First, (Primary,)

Second, (Immediate,) Inflamation of Stomach

Duration of Last Sickness, Seven (7) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Wilk St. Methodist Congregation

Date of Burial, Aug. 28th 1881 Philadelphia Road

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 987 W Lombard St

L. Spicer *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1891 BALTIMORE

Date of Death, 26 Aug 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant daughter of Linda Downtee.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 21 *Days.*

Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 5 Bohemian Court.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5 Bohemian Court.

Cause of Death, First, (Primary,) Infantile Unknown.

Second, (Immediate,)

Duration of last Sickness, Sick since birth.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Aug 28th 1891

13. F. Leonard M. D.
Medical Attendant.

Undertaker, Hendry J. Pole

Place of Business, 118 Gilmor St

Address, 314 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50755 *Office of Registrar of Vital Statistics.* **Ward** 7 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina D. Paul

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 282 N. Durham St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 29 1881

Undertaker, John Heneage

Place of Business, 382 Orleans St

S. Westcott M. D.,
Medical Attendant.

Address, 470 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30756

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Kelly

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 13 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 22 N. Eutaw bet Ave.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 29

A. M. Lastin *M. D.*
Medical Attendant.

Undertaker,

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy Hanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} St. Vincents Hospt.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, H. Bible

Date of Burial, August 29

Undertaker, Wm. Wm. Coleman

Place of Business, 22 Hanover St.

I. H. Butler M. D.

Medical Attendant.

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 9 of Rules and Regulations.

Board of Health, City of Baltimore,

Permit No. 50758

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Burke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 324 S. Broadway.

Cause of Death, First, (Primary.) Phthisis Acute

Second, (Immediate.) Gangrene of face

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, 30th August 1887

R. W. Mansfield M.D.,
Medical Attendant.

Undertaker, Leonhard & Kurz

Place of Business, 217 S. Bond St. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50755

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 6 E. Hoffman St. above Gay

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One or two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 30th

Undertaker, Leo Schilling

Place of Business, Ashland & Lynn

Geo. A. Hartman M.D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. James B. Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Seventy Nine *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirty Three Years

Place of Death, {Give street and number} No 246 East Madison Street

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 29th

Wm H Landman, M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Bryan *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 30761

Board of Health, City of Baltimore,

Permit No. 30761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Lilly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and number} 363 Columbia Ave

Cause of Death { First, (Primary,) Hooping Cough
, { Second, (Immediate,) Pneumonia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Elliott City Balto Co

Date of Burial, Aug 29th 1881

Undertaker, S. McLeaned & Co

Place of Business, 752 W. Baltimore St

B. L. Phillips —— M. D.
Medical Attendant.

Address, 537 N. Longbard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2309 Penn

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50762 *Office of Registrar of Vital Statistics.* Ward 19 D

The Physician who attended ... *out*, to the Undertaker or other ... if requested so to do, under penalty ... curately filled ... ed, or sooner,

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Laws

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 N. Stricker St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 yrs 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug 29 '88

Undertaker, S. M. Leonard

Place of Business, 40 W Balto St *Address.*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

501

Died - #50762

Mrs Sarah A Laws

Aug 28 - 1881

Aged Forty Years

Wife of S. M. Laws. Merchant

Residing 161 N Stricker St

Native of Baltimore

Disease: Pulmonary Consumption

Duration of Last Illness

Two years and Six Months

Richard McSherry M.D.

Attending Physician

189 N Howard Street

Merrill Oliver & Leonard

HEALTH DEPT. AUG 29 1881 BALTIMORE

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest, A. Hermann

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 69 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 70 North Ave.

Cause of Death First, (Primary,) Syphilitic with Obstruction of Intestine

Second, (Immediate,) Emaciation & Asthenia.

Duration of last Sickness, Since coming of 24° as far as can be learned.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, August 30th/81

J. B. Bruce M. D.
Medical Attendant.

Undertaker, Jno. H. Weaver & Co.

Place of Business, 22 W. Fayette St *Address,* 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 30764

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Müller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} W. Lyon No 113.

Cause of Death, First, (Primary.) Febris Typhoda

Second, (Immediate.)

Duration of Last Sickness, 15 day's

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 29th 1881

Undertaker, Henry Schultheis

Place of Business,

Chas H Tiek M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Rosenthal

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 15 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.E. Cor Bond & Shakespeare St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Post partum hemorrhage.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Set Paulus Cemetery

Date of Burial, Aug 29th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

George A. Koch, M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28/91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gmelch

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2442 E. Madison n

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 30 1891

F. Alburne M. D.
Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Orleans St. *Address,* 236 N Eden n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 30769

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schultheis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Restaurant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 38 W. Fayette st

Cause of Death, First, (Primary.) Malaria - Typhus.

Second, (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, August 30 1881

C Hoffman M.D.,
Medical Attendant.

Undertaker, John Henry.

Place of Business, 382 Orleans St. *Address,* 57 Asquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57768 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 - 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Rich

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Plum alley.

Cause of death, First, (Primary,) Congestion of lungs.

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 29th

Undertaker, J Davis

Place of Business, 103 Lee Street

C W Bane *M. D.,*
Medical Attendant.

Address, 706 Slaye St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50769 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bingle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 865 N. Baltimore St

Cause of death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 30/81

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

James H Chase M. D.,

~~Medical Attendant.~~

Address, Commissioners of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, excepting cases of births and deaths of illegitimate children.

Examined by E. Brown Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50770

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mathews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ~~XXXXXX~~ Home.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} At G. Fish Market Space

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, August 29th 1881

Undertaker, James, P. Byrne

Place of Business, No 63 N. Front St

A. K. P. Lewis M.D.,
Medical Attendant.

Address, 13 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

No. 2...

Board of Health, City of Baltimore,

Permit No. 50771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Powell

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 10 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number } 18 Hillen St

Cause of Death. First, (Primary,) Bronchitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 29th 1881

Undertaker, ~~P. C. Praudel~~ James A. Byrne

Place of Business, ~~Orchard~~ 90 Greenmount Ave

S. N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Front St near Low

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50772 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... *M.D.,*

Date of Burial, ...

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbit Snottinger

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 79 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Up years

Place of Death, {Give street and number} Confederate Soldiers Texas Monument

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Apoplexy

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 29th 1881

Undertaker, Wm Elam

Place of Business, 101 Gough St

A Reordan M. D.
Medical Attendant.

Address, 465 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50774

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Archibald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty three *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, August 30th

E. Skill *M.D.,*
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No 35 Bank St *Address,* City Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully called to the Certificate.

Board of Health. City of Baltimore.

Permit No. 30775 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years.* 8 *Months.* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 . 8

Place of Death, {Give street and number.} 2 Marshall ave

Cause of death, First, (Primary.) Bronchial Catarrh

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 29 1891

Undertaker, N. F. Curran

Place of Business, 58 S. Broadway

C. & P. Ellis M. D.,

Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Harding

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 229 Dolphin St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Phthisis

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery,

Date of Burial, August 29th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

W R Morgan M.D.,
Medical Attendant.

Address, 119 N Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50777

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schlitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Augt. 29th

Undertaker, Wendell Philpot

Place of Business, S. Bond st. 15

Frost M.D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50778 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schoff

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 12 *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn, N. Y.

Duration of Residence in the City of Baltimore, From years.

Place of Death, {Give street and number.} #281 Orleans St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. Co.

Date of Burial, August 30th 1881

Undertaker, Leonhard Pürtz

Place of Business, 23 E. Baltimore St.

John H. Ehlinger M. D.,
Medical Attendant.

Address, #243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50779 *Office of Registrar of Vital Statistics.* **Ward** 16a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Owens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 34 Bucknell St

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, August 28

Undertaker, Henry Ruler & Rossi

Place of Business, 95 Conway *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50780 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 3 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Cornish

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 Stockholm

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 28

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Theodore Bond M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50781

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th August 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brooks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ____ *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ~~Real Estate Agent~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 421 East Hoffman

Cause of Death, First, (Primary,) Diarrhoea Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 30th 1881

Undertaker, Ruby & McFadden

Place of Business, 557

_____ *M. D.*
Medical Attendant.

Address, 28 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DUGANT & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 50782

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto- Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 N. Calvert St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.)

Duration of Last Sickness, About 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 30th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 50783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Langman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, Twenty nine years -

Place of Death, {Give street and number.} 592 W Baltimore St, Mrs Shuck

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, Two and half months -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 30

Undertaker, J B Cook

Place of Business, 70 7 with Baltimore

W G Kegerise *M.D.,*

Medical Attendant.

Address, S W Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50784

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. C. Vanorder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 N. Schroder St.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Cholera Infantum.

Duration of Last Sickness, Four Hrs.

All the above information should be furnished by the Physician.

Place of Burial, Westm Cemetery

Date of Burial, Aug 29

Undertaker, F B Cook

Place of Business, 707 W Balto St

Thos. O'Brien *M.D.,*

Medical Attendant.

Address, Lexington & Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Fizzelle

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, about 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 33 S. Stricker

Cause of Death { First, (Primary,) Cerebral Congestion
Second, (Immediate,) Puerperal Convulsions (Post partum

Duration of last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, Aug 30

Undertaker, Jos. H. Cook

Place of Business, 707 W. Baltimore *Address,* 322 Hollins St.

J. Ins. Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Jennings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt- Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 138 Linden Ave

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Aug 29th 1881

Undertaker, Chas J Scriven

Place of Business, 270 N Eutaw St

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 9 *Months,* 11 *Days.*

Color, Colored *Sex.* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. I think

Duration of Residence in the City of Baltimore, during life I think

Place of Death, {Give street and number.} No 137 Raborg St.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Heiles

Duration of Last Sickness, 3 months of Heiles I have been told I saw him only twice just before death

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, August 30 1881

Undertaker, W. H. Perry

Place of Business, 62 Fremont Street

John C. Harris M. D.
Medical Attendant.

Address No 360 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50788

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Elnora Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 28 South Wolfe St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 30th 1887

Undertaker, [illegible]

Place of Business, 161 E Balto St

D. M. Cathell M.D.,

Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Shuter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* 4 *Months,* 18 *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} 419 E. Fayette St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption,

Duration of Last Sickness, Twenty years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 30 1881

Undertaker, Peter Seitz

Place of Business, 101 E Pratt St

Nicholas T. Dalhill, M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 50990

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enos T. Gowell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color. White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, August 28

{Undertaker, Patrick Mullin

{Place of Business,

Chas E. Goldsborough M.D.,
Medical Attendant.

Address, St. Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sydnal Williams

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Abut forty *Years,* *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, About 5 years

Place of Death, {Give street and number.} No. 55 Neptune st.

Cause of Death, First (Primary,) Second (Immediate,) Pulmonary Consumption.

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Aug. 27th 1881

Undertaker, Jno. C. Chase

Place of Business, 198 S. Howard st

C. M. Reid M. D.
Medical Attendant.

Address 243 N. Fremont st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 50792

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sommerfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City - Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Bath & Davis sts

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 30th 1881

Undertaker, Daniel P. Chase

Place of Business, 128 S. Howard st

Alexander Tinsley M.D.,

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gregory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 N. Howard St

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29th 1881

Undertaker, Wm F Gray

Place of Business, 65 Mulberry St

Jno. [illegible] M.D.,
Medical Attendant

Address, 75 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50794

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, August 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Murrynnette

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 23 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 708 Saratoga St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, about 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 28th 1881

Undertaker, Wm. V. Dunge

Place of Business, No 10 Shipton

J. Dimmitt Morris M.D.,
Medical Attendant.

& Address, Cor Carroll Ave & Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50795 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug 27. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F Nelson Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* Eighteen *Months,* Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 8 N. Chapple St. 98

Cause of death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Saba A Cemetery

Date of Burial, Aug 29th 1882.

Undertaker, Fred J Locks

Place of Business, #73 Jefferson

Geo. H. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50796 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augst 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph a. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 6 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Johns Alley

Cause of death, First, (Primary,) Brain trouble from

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Augst 29th 1881

Undertaker, W. H. Bishop

Place of Business, Druid Hill Av *Address,* Comm of Health

James H Steuart M. D.,
Medical Attendant.

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Bro Digs [over.]

Board of Health, City of Baltimore,

Permit No. 5077 *Office of Registrar of Vital Statistics.* **Ward** 11 E.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E. Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* 3 *Days.*

Color, Col^d

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 W. Chase St

Cause of death, First, (Primary,)

Second, (Immediate,) Measles

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem^y

Date of Burial, Aug 30 1881 James Sloan M. D.,

Undertaker, W. H. Bishop Medical Attendant.

Place of Business, Druid Hill Av. *Address,* Comm^r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam^d by Brevy 5 1 8 [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virgil P Clark

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 47 N Eutaw St

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 47 N Eutaw St

Cause of Death { First, (Primary.) Brain disease 3 days

Second, (Immediate.) 4 days Kind

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, August 30th

Undertaker, Andrew & Hodges

Place of Business, 101 Lexington St

H. E. Clay M. D.
Medical Attendant.

Address, 36 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2310 Thames

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Brown,

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 18 Jews Alley. ~~Consumption~~

Cause of Death { First, (Primary,) Consumption,
Second, (Immediate,) "

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary Cemetery

Date of Burial, Aug 30 1881

Undertaker, A M Stone

Place of Business, 148 Eutaw St

J Jno J Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50800

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Remar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 8 Willingers Ct.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31 Aug 9 Oclock

Undertaker, E A Lemmon

Place of Business, 28 Penn St

M. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. Johns St
per E. B. Fenby, 419 E. Central
3191 W. Central

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Fairfield

Sex, Male or Female, { cross out the word not required in this line. }

Age, 0n *Years,* 4 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 20 102 S. Sutton St

Cause of Death, { First, (Primary.) Marasmus

{ Second, (Immediate.)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 30th 5 o'clock

Undertaker, F. T. Nanuth

Place of Business, Co. Scott & Pratt

Chas G. Wells M. D.
Medical Attendant.

Address, 206 E. Lloyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 508102 *Office of Registrar of Vital Statistics.* Ward 13 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28 01

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther H. Norman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 344 Franklin St

Cause of death, First, (Primary,) Dysentaritic Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Aug 30

Undertaker, C. W. Lippard

Place of Business, 207 Penna Ave

H F Dill M. D.,
Medical Attendant.

Address, 361 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 570803 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Thomas Oliver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Eighteen *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Durin Life

Place of Death, {Give street and number.} 145 East Fayette St

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Convulsions and Congestion of Lungs

Duration of Last Sickness, About nine hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 30th 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* Broadway & Fells Point

Milton J. Taylor M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30804 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29. 1901.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Hughes St.

Cause of death, First, (Primary,) Phthysis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 30

Undertaker, C. W. Perkins & Co.

Place of Business, 130 Hanover

W. S. Bore M. D.,
Medical Attendant.

Address, 202 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E. Clark

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 52 S. Chapel St.

Cause of Death, First, (Primary,) Intestinal Catarrh

Second, (Immediate,) Meningeal Insulting

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30th 1881

G. G. Lusk M. D.

Medical Attendant.

Undertaker, Wm. J. Locke

Place of Business, 113 Fellows

Address, Balto Back St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

3rd

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton Columbus Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 9 *Days.*

Color, Colored *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 S. Bethel St

Cause of Death, {First (Primary,) Dentition, Convulsions / Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30th 1881

Undertaker, Wm. J. Poe Jr.

Place of Business, 413 Jefferson

Dr. S. Jordan M. D.
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 50807 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Hinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1145 S. Durham St

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Aug 30 1881

Undertaker, Thos J. Locke

Place of Business, Jefferson St

James A Steuart M. D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam'd. Geo E. Layton [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bowman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 107 Back alley

Cause of Death First, (Primary,) typhoid fever

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 30th 1881

Undertaker, Julius Kaehler

Place of Business, Sharp x Cross *Address,* 95 S. Sharp st

Attlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 5000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2"

Board of Health, City of Baltimore,

Permit No. 50809

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thoman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Four *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 77 Bank Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, August 30. 1881

Undertaker, Or Geary Thoman

Place of Business, Carlings 242

Wm H Clendiney, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

Permit No. 30810 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver C. Walters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 103 S. Ann

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, August 31st 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

James E Donnelly M. D.,
Medical Attendant.

Address, 2916 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5081 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Emmaler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #230 Stroltz.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug. 30th '81

Undertaker, M. Frances

Place of Business, 280 Eastern Ave.

John H. Rehberger M. D.,
Medical Attendant.

Address, #213 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 50812 *Office of Registrar of Vital Statistics.* **Ward** 2 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, 29th. August 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sobczak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months.* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} Philpot Street bet.

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Aug. 30th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

William Henriel M. D.,
Medical Attendant.

Address, S. Wolfe & Ann.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 30813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said p... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Grimm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berlin Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 90 E. Madison St

Cause of Death { First, (Primary.) ... Second, (Immediate,) Scarlatina Anginosa

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 31st 1881

Undertaker, Matthew Cadigan

Place of Business, 227 Mulberry St *Address,* 36 Greenmount Ave

Silas N. Hamlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50814 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robertta A Sapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 246 N Broadway St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 30th

Undertaker, Fitz & Sons

Place of Business, Broadway & Fayette

W. Whitridge, M. D.,
Medical Attendant.

Address, 367 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50815

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helga Zander

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 66 Pearl St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Pearl St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Public Cemetery.

Date of Burial, Aug. 29/81

Undertaker, Fred'k A. Kuchner

Place of Business, #50 S. Carrollton Ave *Address,* Corner

Alexander Tinsley M.D.,

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50816 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

Date of Death, Aug 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Aug 31st 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Edw. J. McWilliams M. D.,
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50817

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles P. Kings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Carey St. near Mosher (House unnumbered)

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Aug 31st 1881

Undertaker, Denny & Mitchell

Place of Business, 554 W. Fayette St *Address,* 178 S. Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sign of Physician in Each Case.

Board of Health, City of Baltimore.

Permit No. 50818 *Office of Registrar of Vital Statistics.* Ward 17 E 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 30. 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Brocco

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 1307 Light st

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of brain

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Aug 31 81

Undertaker, Snively Bros

Office of Business, 1126 3 Eutaw

H. H. Ellis M. D.,
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...th, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 30819 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Augt 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Penn

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ~~Months,~~ ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Shuter St

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Woburn Cemetery

Date of Burial, Aug 31 1881

Undertaker, Mrs. I. Locke

Place of Business, Granby St

Thos A Shunn M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Geo E Taylor

[OVER.]

No. 3052

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. D. Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Four yrs.

Place of Death, {Give street and number} W. F. Castles.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Aug 30th 1881

G. G. Lusk M. D.
Medical Attendant.

Undertaker, Wm J. Foster

Place of Business, 1132 Jefferson

Address, Balto. near Park. ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 308

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letitia Shannon

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number} 187 Aisquith St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Do general decay

Duration of last Sickness, Has been sick years, All two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 31st

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

W Hammatt M. D.
Medical Attendant.

W B Turner M.D.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 50822

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Sherman

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 6 *Years,* *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, { Give street and number } 75 E Pratt St Balt

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) do

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 31st

Undertaker, Leo Schilling

Place of Business, Ashland Square

H M Hammond M. D.
E M B Simmons M.D. Medical Attendant.

Address, 64 E Pleasant Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1881. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50823 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L Conner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16 Heath St

Cause of death, First, (Primary,)

Second, (Immediate,) Dr Thrush

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ethridge Landing Howard Cemt.

Date of Burial, August 31.

Undertaker, B. Clarke

Place of Business, 422 West St.

E. Andrew Cotter M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. McNamey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13 Heath

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bayview Cemetery

Date of Burial, August 31

Undertaker, B. Mark

Place of Business, 82 West St.

Lester Gross M. D., Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50825 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Augt 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lela Egerton Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 197 Hoffman st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, one Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 31st 1881

Undertaker, Matthews & Hodges

Place of Business, No 46 Druid Hill Ave

J H Chatard M. D.,
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50826

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J Tibbett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years & 6 months

Place of Death, {Give street and number.} No 99 Mullikin St

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Monday

Date of Burial, Aug 31

Undertaker, Fry & Son

Place of Business, 810 Broadway *Address,* No 29 Augusta St

Lewis Sewell, *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Adam

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. } Male

Age, —— *Years,* —— *Months,* 10 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } N 264 Ridgely

Cause of Death, First, (Primary.) Spasm

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, August 31 1881

Undertaker, P. H. C. Dick

Place of Business, 183 Columbia Ave

C. L. Buddenbohm *M.D.,*

Medical Attendant.

Address, ~~Hotel~~ Depot

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50828

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Moore

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 140 Harford Ave

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove

Date of Burial, 31 August

Undertaker, Adam Fink

Place of Business, 461 W. Gay St.

Silas N Hunter M. D.
Medical Attendant.

Address, 36 Eremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6 4

Permit No. 50829

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Cooke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, ——— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 N. alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Aug 31 '881

Undertaker, D. Thos. Allen M. D.,

Place of Business, Druid St Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jos. E. Fitzpatrick

The Special Attention of Ph...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 31
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Evelina Morrison

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 32 Morris Alley.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 32 Morris Alley

Cause of Death, { First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, All the summer.

All the above information should be furnished by the Physician.

Place of Burial, Saul's Cemetery

Date of Burial, August 31 1881

Undertaker, Charles F. White

Place of Business, 95 Granby St

W. D. Parker M. D.
Medical Attendant.

Address 157 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 50831 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander McCall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 2 Williams row

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, N. C. County

Date of Burial, September 1

Undertaker, J. P. Burnes

Place of Business, Fawn St

Thomas Cotta M. D.,
Medical Attendant.

Address, 145 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 50832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Schneider

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~4~~ 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 43 Eamon St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebro Spinal Meningitis

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 1 September 1881

Undertaker, John C. Schuck

Place of Business, 765 Aliceanna St. *Address,* 94 S. Broadway.

A. F. Erich M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50833

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 31 1881 RECEIVED

Permit No. 50833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Willis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 460 Saratoga St

Cause of Death, First, (Primary,) Whooping Cough with Gastro-intes

Second, (Immediate,) tinal irritation

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 3d Member 1st

Undertaker, Mrs. Cook

Place of Business, Baltimore St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

J. S. DUFFY & CO. CITY PRINTERS AND STATIONERS.

No. 300

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mulhare

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 56 Years

Place of Death, {Give street and number} 184 Stirling St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) & Bronchitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cemetery

Date of Burial, Aug 31st 1888

Undertaker, Jas P Byrne

Place of Business, Front St

Silas N. Hendis M. D.
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50835 *Office of Registrar of Vital Statistics.* Ward 2nd 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hagedorn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 13 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 209 S. Wolf St.

Cause of death, First, (Primary,) Cholera Infantum followed by Convulsions

Second, (Immediate,)

Duration of Last Sickness, Fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, Bloomingt Carmel Cemetery

Date of Burial, Sep 2 . 1881

Undertaker, John Kenney

Place of Business, 382 Orleans St

John H. Kehlenbeck M. D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 50836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Inoehl

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* five *Months,* four *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 11 days in U. S.

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number} ~~Paca St~~ Parrish St 57.

Cause of Death { First, (Primary,) Cholera infantum
Second, (Immediate,) Cirrhosis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 1st 1881

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St

Wm Goodlet M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50837

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 30 th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stevenson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, About four year

Place of Death, {Give street and number.} 227 Eden St

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemty

Date of Burial, Sept 1th

Undertaker, Geo E Golding

Place of Business, 25 Eden St

Milton A Taylor **M.D.,**

Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30838 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melissa F. Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 19 Bowne St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 2nd 81

Undertaker, Armstrong & Kemp

Place of Business, 226 Light St

Edward Lo E M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30839

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Thomas Mother

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 hours *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 431 Lexington

Cause of Death, First, (Primary.) Prolonged Labor.

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 31st 1881

Louis Blohm M.D.,
Medical Attendant.

Undertaker, P. Seewald

Place of Business, 35 S. Eutaw St *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 30840

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30 th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Ness.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bevarigia

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number.} 58 Conway St.

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate.) Paralysis of Heart.

Duration of Last Sickness, Complaining for Some Time. Died in few minutes

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemty

Date of Burial, Sept 1 th 1881 R. J. H Tall *M.D.,*

Medical Attendant.

Undertaker, Wm Ellade

Place of Business, 101 Gough St *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5084-11

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvan Friedman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 208 S Broadway

Cause of Death, First, (Primary.) Scarlet

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

C. O. Eidam *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 50842 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Managuay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Dejo

Place of Death, {Give street and number.} 112 Sarah Ann St

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Aug 30-1881

Undertaker, Hercules Ross

Place of Business,

James A Steuart M. D.,

Address, Health Commissioner and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exhumed Aug 9 [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 308443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Swartz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 11 years -

Place of Death, {Give street and number.} 467 E. Chase st -

Cause of Death, First, (Primary.) Heart - Disease

Second, (Immediate.) Dropsy -

Duration of Last Sickness, 5 month -

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Ground

Date of Burial, Sept 1st 1891

Undertaker, Lawrence Kirkpatrick

Place of Business, 445 E. Lanvale st

H. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Madison -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50844

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Monegan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 North Market Space

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, August 31st 1881

Alexander Fraley M.D.,

~~Medical Attendant.~~

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty St *Address,* Same

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50845

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and number.} 115 Pearl St.

Cause of Death, First, (Primary.) Old Age.

Second, (Immediate.) Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 2 September 1881

Undertaker, Matthew Corrigan

Place of Business, 227 Lombard St

W. P. Morgan M.D.,
Medical Attendant.

Address, 119 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 308446

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1901 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Dickinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 1329 Hillen St

Cause of Death, First, (Primary.) Puerperal Fever

Second, (Immediate.) Septicaemia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 1st

Undertaker, Geo Schilling

Place of Business, Richland Square

E. L. Rucker & Carl Barkman M.D.,

Medical Attendant

208 N. Broadway.

Address, Fairmount Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 1[illegible] E. Durham St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallis st cemetry

Date of Burial, Aug 31

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson st *Address,* 2 Hill Court

E. Hite, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5084/8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Steinkamp

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~10~~ *Years,* 10 *Months,* 14 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt-

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 18 Knox Alley

Cause of Death, First, (Primary,) Dentition & heat

Second, (Immediate,) Cholera Infantum & ~~Coma~~ consequent Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, the 1st of Sep

Undertaker, P. Kimmerle

Place of Business, 317 Mulberry

Edmund R Walker M. D.

~~Medical Attendant~~ medical attendant

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Estelle Arnalt.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* Ten *Months,* fourteen *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 419 ½ Saratoga St

Cause of Death, {First (Primary,) Duttition, Malarial fever
Second (Immediate,) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Alphonsus Cemetery

Date of Burial, the 1st of Sep

{*Undertaker,* P. Kummel
{*Place of Business,* 317 Mulberry St. *Address* 126 Mulberry St.

J. P. Jordan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50850

The Physician who attended any person in a last illness is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th day of August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J. Olwin Hand

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ 23 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 272 Germain St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Capillary Congestion of Bowels 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 1st 1881

Undertaker, Jas B Leech

Place of Business, No 707 E Baltimore St

D. C. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 50857 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora May Aubrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 296 Eutaw

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 1 mo 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Sept 1st 1881

Undertaker, Wm H. Hickman

Place of Business, 224 W Pratt St

J M Duncan M. D.,
Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50852 *Office of Registrar of Vital Statistics.* Ward 1 Q

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heine,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 29 N Chapple St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningeal Hydrocephalus,

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Irenitis Cemetery

Date of Burial, Septem 3 1881

Undertaker, John Horney

Place of Business, 382 Eutaw St.

G. G. Lusk M. D.,
Medical Attendant.

Address, Balto & Hash. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Schedule Below, and to Best of Diseases of Each

Board of Health, City of Baltimore,

Permit No. 30853 *Office of Registrar of Vital Statistics.* **Ward** 167

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E Ellen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 38 Burgundy Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Scharf St Cemetery

Date of Burial, 31th aug

Undertaker, Samuel A Chase

Place of Business, 198 s 4th howard *Address,*

Theo F Black M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 50852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hawkins

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 35 *Years.* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 56 Huron St.

Cause of Death, First, (Primary.) Injuries - blow falling on him -

Second, (Immediate.)

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 1 Sept

Undertaker, Samuel Chase

Place of Business, 198 Howard *Address,* Corner

Alexander Insley *M.D.,*

Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person suporintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 2. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Santry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Market Cork Co Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 458 N. Carey St

Cause of Death First, (Primary,) Glandular enlargements with

Second, (Immediate,) Complicated with Bright's Disease

Duration of last Sickness, about 8 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 1st 1881

E. B. Browne M. D.
Medical Attendant.

Undertaker, O'C Hardcastle & Co

Place of Business, 32 Penna Ave *Address,* 307 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30 '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Carr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty two *Years,* four *Months,* 11 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 84 Frederick Ave.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion & debility

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 2 '81

Undertaker, J E Monaghtt

Place of Business,

Address, 93 Fred Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Chantles

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, few weeks

Place of Death, {Give street and number} 398 Cross

Cause of Death, First, (Primary,) Pentonitis

Second, (Immediate,)

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Chesterton Md Rev. H. Benson M. D.

Date of Burial, August 3rd 82 Medical Attendant.

Undertaker, H Rose

Place of Business, 15 Conway St *Address,* 44 Hanover City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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12311 Jr

Board of Health, City of Baltimore,

Permit No. 50858

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grave - Workman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, About 2 Weeks

Place of Death, {Give street and number.} Wm Rogers Reeces Distillery Locust Pt

Cause of Death, First, (Primary.) Working Grand & Acid's

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, About 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Lake Green Cemetery

Date of Burial, September 1st

Undertaker, C. B. Harle

Place of Business, 452 West St.

E. J. Bell M.D.,
~~Medical Attendant~~ Coroner 2d Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50857 *Office of Registrar of Vital Statistics.* Ward 17 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph P. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 692 Light St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, September 1st

Undertaker, [illegible]

Place of Business, [illegible]

Theodore Cook M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} ~~Female~~ Female

Age, Twenty three *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Island.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 194 Warner St

Cause of Death { First, (Primary,) Phthisis pulm. / Second, (Immediate,) Asthenia

Duration of last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Kent Island & Co

Date of Burial, Sept 1st 87

Wm. Combs M. D.
Medical Attendant.

Undertaker, Geo. W. Perkins & Co

Place of Business, 130 Henrietta *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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2313 Fraser

Board of Health, City of Baltimore,

Permit No. 5086 / *Office of Registrar of Vital Statistics.* Ward 17 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 ~~August 31~~ 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Mc Bottyll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 755 Light St

Cause of death, First, (Primary,) Fall on head

Second, (Immediate,) Chronic Meningitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, September 1 1881

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 141 Hanover St

Herbert Fisk M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 50862 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 29 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Hamilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 12 Temple St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, September 1st 1881

Undertaker, Abram Wayman

Place of Business, No 13 Saratoga St

Frank A. G. Moyer M.D.,

Medical Attendant.

Address, 7 S. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below [illegible]

Board of Health, City of Baltimore,

Permit No. 50863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Louise Pfeifer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 28 Leadenhall St

Cause of Death, First, (Primary.) Remittent Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sept 1st 1881

Undertaker, Bernhard Harle

Place of Business, West st

J. K. Uhle *M.D.,*

Medical Attendant.

Address, 107 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday August 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalen Whitty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* 14 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 103 E. Eager St.

Cause of Death { First, (Primary,) Dentition & Enteritis
Second, (Immediate,) Cerebral Complications

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Sept 1st 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 20½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57865 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Japot Carey

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 75 Belevue alley

Cause of death, First, (Primary,) ———

Second, (Immediate,) Meningitis Cerebral

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, September 1

Undertaker, Hercules R.R.S.

Place of Business, 95 Conway st

R. M. Hall M. D.
Medical Attendant.

Address, 26 & Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Forms on [illegible]

Board of Health, City of Baltimore,

Permit No. 80866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

~~Aug 31~~ CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Mathews

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 72 *Years,* about *Months,* *Days.*

Color, Colored *Sex,* female

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co.

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, { Give street and number. } 6 N. Carroll alley

Cause of Death, { First (Primary,) Bright's disease { Second (Immediate,) General dropsy

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 1 1881

J. W. D. Jordan *M. D.*
Medical Attendant.

Undertaker, E. Whitacre

Place of Business, 198 Howard st *Address* 126 Mulberry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50867 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence C. Studden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 94 Lee St

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 2d 1881

Undertaker, John Schacher

Place of Business, No 150 Camden

Gerard Corbin M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 50868 *Office of ~~Registrar~~ of Vital Statistics.* Ward 16 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Steyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 1 Wallace St

Cause of death, First, (Primary,) Disease of Kidneys

Second, (Immediate,) Uraemia

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery.

Date of Burial, September 2d 1887.

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St

Wm R. Blair M. D.,
Medical Attendant.

Address, 165 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 50869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Pryor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Conveyancer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No. 261 W. Eliza St

Cause of Death, First, (Primary.) Tubercular Consumption of Lungs.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Friday Sept 2nd 1881

Undertaker, Meeth & Shields

Place of Business, W. 60 Carrollton ave

Wm W. Murray M.D.,
Medical Attendant.

Address, 208 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 50870 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1891 BALTIMORE

Date of Death, August 30, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George ...

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* *Months,* ten *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hagerstown

Duration of Residence in the City of Baltimore, one year & ten months

Place of Death, {Give street and number.} 227 Hanford Ave

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,) Meningitis

Duration of Last Sickness, Intensive

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown

Date of Burial, Sept 3d

Undertaker, E M Leonard

Place of Business, 782 W Balto St

W W White, *M. D.,* Medical Attendant.

Address, 347 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2312 Fremont

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 50871 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred Yeager

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 7 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 101 Cooley St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 2 1881 J. H. Martin M. D.
Medical Attendant.

Undertaker, St France

Place of Business, 210 Canton Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50872 *Office of Registrar of Vital Statistics.* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benny Mackelwee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 254 S. Ann St

Cause of death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 2nd 81.

Undertaker, H. Brauer

Place of Business, 28 & Fawn } *Address,* # 243 Alice Anna

John H. Rehberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 50873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Whitte

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 39 E. Bredford Alley

Cause of Death, First, (Primary.) Emphysema pulmonum

Second, (Immediate.) Suppressio

Duration of Last Sickness, 6 mos

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 2d 81

Undertaker, M. Frome

Place of Business, 240 Canton ave

J. Hutts M.D.,
~~Medical Attendant.~~

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 506

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chd Wm Foos

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* [illegible] *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 684 W Baltimore

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial,

Undertaker, P Kenney

Place of Business, 317 Mulberry *Address,* 127 W Fayette St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 50875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Neight

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 301 N Chapel St

Cause of Death, First, (Primary.) Bronchio Pneumonia

Second, (Immediate.)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Cem

Date of Burial, Sept 1 1881

Undertaker, S W Chase

Place of Business, 98 E Fayette

Wm. E. Russell *M.D.,*

Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 50876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Allegood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salisbury Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} Bethel & 78.

Cause of Death, First, (Primary.) Paralysis.

Second, (Immediate.) ~~Exhaustion~~

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Leonard cemetery

Date of Burial, sept 1.

Undertaker, William J Gray

Place of Business, 65. Mulberry st

John A Johnson, *M.D.,*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 57877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31 — 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antony William Martin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 2 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 43 E Pratt St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Sept. 1 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave.

Frank A. G. Moyer M.D.,
Medical Attendant.

Address, 705 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Permit No. 57878

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Charles Frederick Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Thames Street

Cause of Death, First, (Primary.) Tetanus Neonatorum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept. 1 1881

James F. Shane M.D.,
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 81 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 57.879

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1 1 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ghost

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 178 Eyson, st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 1, 1901

Undertaker, [illegible]

Place of Business, [illegible]

W. L. Rumbly M.D.,

Medical Attendant.

Address, Broadway & [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50880 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Hall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} No 60 S Chappell St

Cause of death, First, (Primary,) Paralysis for 4 years

Second, (Immediate,) Exhaustion. Disease of Heart

Duration of Last Sickness, 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Altamont Cem

Date of Burial, September 2nd

Undertaker, Jno Frey

Place of Business, 146 E Fayette

Ridgway Andrew M. D.,
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 50881

Office of Registrar of ~~Vital Statistics.~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Powell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3, *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Nr 22 Wm St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) .....

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 1st

Undertaker, Charles H. Giles

Place of Business, Laurel Cemetery

Wm. E. Reaves M.D.,
Medical Attendant.

Address, Broadway & Fredrick St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Schillinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Johnson St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) ✓ Pulmonary Congestion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Sept 1st 1881

H. B. Noble M.D.,
Medical Attendant.

Undertaker, Smith & Dem

Place of Business, 263 Light St *Address,* 50 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 50883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hackett.

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, Deck hand on Steamer Elizabeth

Place of Death, {Give street and number.} Basin Cor Pratt & Light

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Accidental Drowning

Duration of Last Sickness, Until death

All the above information should be furnished by the Physician.

Place of Burial, New Haven Connecticut

Date of Burial, September 2nd,

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts *Address,* Coroners Office

Edmund R Walker M.D.,

~~Medical Attendant~~.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2314 Barrett

Board of Health, City of Baltimore.

Permit No. 508814 *Office of Registrar of Vital Statistics.* Ward 15 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Rammel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 127 Mongomery St.

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemorhage from bowels

Duration of Last Sickness, Under treatment ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, 2nd September

Undertaker, Wm Storey & Denny

Place of Business, Light & Montgomery St *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 50885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 1 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, August 30 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bruce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Injuries - was falling on him

Second, (Immediate.) 56. Hamm st. Fract. Thigh & Pelvis

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 1 1881

Undertaker, Hemsley & Madden

Place of Business, 116 Orchard St

Alexander Tousley M.D.,

Medical ~~Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 50886

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berth Sigler (Ziegler)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 74. W. Biddle

Cause of Death, First, (Primary.) Congestion of lungs.

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bona Brave

Date of Burial, 1th Sep

Undertaker, Charles Scrivens

Place of Business, Rose & Eutaw

G Lane Tanneyhill M.D.,

Medical Attendant.

Address, 129 W. Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50887 *Office of Registrar of Vital Statistics.* Ward 20

The ~~Physician who attended~~ any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 13. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Congenital syphilis

Second, (Immediate,)

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 1. 1881

Undertaker, Dr Bramiston

Place of Business, 157 Division st.

Marbury Brewer M. D.,
Medical Attendant.

Address, 66 McCulloh st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50888 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months* about 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 8 days

Place of Death, {Give street and number.} St Vincent's Inf. Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sep. 1. 1887

Undertaker, Lee Bramigan

Place of Business, 153 Division St

Marbury Brown M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50889 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley Hunton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 61 Wagon ave

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, The 2d of Sept

Undertaker, P. Kennedy

Place of Business, 317 Mulberry St. *Address,* 361 Franklin

J F Hill *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 50890

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

Date of Death, Sept 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Franklin Parker

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

~~Married,~~ Single, Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 93 S. Mount.

Cause of Death, First, (Primary.) "Diptheria"

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Western cemetery

Date of Burial, Sept 2nd 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street *Address,* 5 Sq W Fayette

A. G. Smith M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50891

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
SEP 2
1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eschbach

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 83 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Contractor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baden-Baden Germany

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number.} 46 Richmond St

Cause of Death, First, (Primary.) Injury on street

Second, (Immediate.) Traumatic Erysipelas

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St. Pete[illegible] Cemetery

Date of Burial, Sept 2 1881

Undertaker, Jos. B. [illegible]

Place of Business, No 70 N. Baltimore Street

Richd. McSherry M.D.,
Medical Attendant.
In Consultation with
Dr. C. B. Gamble.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50892

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna McAuley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} 625 W. Pratt. 2d

Cause of Death, First, (Primary.) old age.

Second, (Immediate.) Malarial Fever.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Sep 2nd 1881

Undertaker, Jos R Scott

Place of Business, No 707 W Baltimore Street

Edward P Mildrick M.D.,
Medical Attendant.

Address, 164 E. Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50893

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 August

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry St Clair Cortan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 (three) *Years,* 4 month *Months,* 2 *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Eleven Horn Street

Cause of Death First, (Primary,) Diphtheria & Scarlatina Horn

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 1st 1881

Undertaker, Wm. H. Dunger

Place of Business, No 62 East St

Chas J Simms M. D.
Medical Attendant.

Address, 240 1/2 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. [illegible] & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 30894 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

Date of Death, Wednesday Aug 31-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Taylor's Island Md.

Duration of Residence in the City of Baltimore, Thirteen (13) Years

Place of Death, {Give street and number.} No 3 Youngs Court. (?)

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemoptasis

Duration of Last Sickness, About Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, September 1st 1881

Undertaker, Wm M. Dungee

Place of Business No 62 East St

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Bowils.

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, 27 *Years,* × *Months,* × *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Saleslady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Came sick 6 Mos 7 months ago

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cem. H. Friedenwald M. D.

Date of Burial, Sept 2 nd 1881

Undertaker, Wm. Dilaw

Place of Business, 101 Gough St *Address* 88 N Dilaw Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 50896

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Bailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number} 123 Hyland

Cause of Death { First, (Primary,) Lobular Pneumonia
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 1 1891

Undertaker, J H Mohan

Place of Business, 1 S Howard St

J A Cleaves M. D.
Medical Attendant.

Address, 121 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Date of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50897 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Beale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Montgomery St

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt. Pr. Cemetery

Date of Burial, Sept 1 1891

Undertaker, J. Whitehurst

Place of Business, 193 Aisquith

W. S. Bize M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50898

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 30. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jarrett Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Montgomery County Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 56 Hanover St

Cause of Death, First, (Primary.) Injury. Wall falling on him

Second, (Immediate.)

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 1 1881

Undertaker, D. M. Chase

Place of Business, 98 Howard St

Alexander Tinsley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below and to the [illegible] on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50899

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mallen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2½ weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 2nd 1881

Undertaker, C. Kranse.

Place of Business,

F. West M.D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3099

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Vernon Cowan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 0 *Years,* 9 *Months,* 21 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 6 S. Gilmore

Cause of Death { First, (Primary,) Diarrhoea / Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 2nd

Undertaker, Wm. J. Nolan

Place of Business, 65 S. Eutaw

H. Thilorenius M. D.
Medical Attendant.

Address, 38 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1895 BALTIMORE.

Date of Death, August 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Small

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 688 Light St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Asthenia,

Duration of last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, September 2nd

Undertaker, J. B. Hanle.

Place of Business, 482 West St.

Julius Hall M. D.
Medical Attendant.
Southern Dispensary

Address, S. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 237 Orrick St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Boyd St

Cause of Death, First, (Primary.)

Second, (Immediate.) Overlaid—

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 1881

Undertaker, H. Ross

Place of Business, Conway St

Alexander Finley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50903

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* Few *Months,* Few *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Moore Alley 89

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 2nd 1881

Undertaker, Hemsley Bro Madden

Place of Business, #116 Orchard St

H S Bowie *M. D.*
Medical Attendant.

Address, Woodbrook Depot

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if so to do, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 0 *Days.*

Color, Light Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Minor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} No 2 Lee Alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 2nd 1881

Undertaker, H. Rauch & Son

Place of Business, 7 North Eutaw St

E. F. Cordell M.D.,
Medical Attendant.

Address, Cor Pratt & Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50915 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ..... ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 98 N. Peters St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 3rd 81.

Undertaker, Phil. L. Dill

Place of Business, 183 Columbia ave *Address,* .....

..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Health Laws and to Rules of Practice on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30906 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 3 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 60 St Mary St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 2. 1901

Undertaker, John L Jones

Place of Business, 28 Hoke

S Miller M.D.,

Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57907

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Fountain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 55 Centre Street

Cause of Death, First, (Primary.) Heart probably

Second, (Immediate.) Unknown natural probably heart dis

Duration of Last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2. 81

Undertaker, [illegible] Jones

Place of Business, 68 Park Ave

Edmund R Walker M.D.,
Medical Attendant.

Address, Comm Mch

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50908

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF ~~REGISTRAR~~ OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

Permit No. 50908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 1st. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... Years, 1 2 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 2d E. Monument St.

Cause of Death { First, (Primary,) 'Cyanosis"
Second, (Immediate,) Convulsions & Asphyxia

Duration of last Sickness, Life time

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 2d 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Wilmer Brinton M. D.
Medical Attendant,

Address, 26 ½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[over]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32909 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 47 *Months,* ... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 24 Eagle

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) ...

Duration of Last Sickness, Two (2) months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 23rd 81

Undertaker, Thos S. Hughes

Place of Business, 110 E Balto St *Address,* 77 St. Paul

G. L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57910 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine A Boone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 127 Veni Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 2 1881

Undertaker, S W Elmore

Place of Business, 198 Howard St

W. D. Stevens M.D.,
Medical Attendant.

Address, 916 W Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50911

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Bishop

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, "Colored"

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, {Give street and number} 68 Pierce St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mark's Cemetery

Date of Burial, Sept 2 1881

Undertaker, S. W. Chase

Place of Business, 198 Howard St

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 50912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday September 1 18 91.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Moore

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Died at Birth *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 19 Chatsworth alley

Cause of Death, First, (Primary.)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mary Sommers

Date of Burial, Sept 3 1891

Dennett Norris M. D.
Medical Attendant.

Undertaker, G W Chase

Place of Business, 68 Harwood st *Address,* 561 N Fairfield st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 30913

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lula Christie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 44 Gough St

Cause of Death, First, (Primary.) Intercurrent

Second, (Immediate.)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 13

Undertaker, Wendelin Dimpfle

Place of Business, Bond near Bank

O. L. Mahon M.D.,
Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30914 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. C. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 5 1 1

Place of Death, {Give street and number.} 2 Marshall ave

Cause of death, First, (Primary,) Septicemia Multiple

Second, (Immediate,) Suffocation

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet C.

Date of Burial, Sep 2 1881

Undertaker, N. S. Curran

Place of Business, 53 S Broadway

J. H. Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50915 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stringrose

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 6 *Months,* 1 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 422 Waca Street

Cause of Death, First, (Primary.) —

Second, (Immediate.) Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 2d 1881

Undertaker, John L Thacher

Place of Business, 150 Camden *Address,* 412 Cross St.

L. H. L. Hall M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50916

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dr Michael Frank

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. } M

Occupation, ~~Veterinary~~ Veterinary Surgeon

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 133 Lemmon St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Typhoid-Malarial Fever with Pneumonia

Duration of Last Sickness, Died 22 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery, Druid Hill Road

Date of Burial, Sept 2d 1881

Undertaker, Wm Wachter

Place of Business, No 150 Lemmon St

J. E. Weber *M.D.,*
Medical Attendant.

Address, 158 Lemmon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gertrude McGuirk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Monroe St

Cause of Death, First, (Primary.) Entero-Colitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 2nd 1881

Undertaker, Wm H Cook

Place of Business, No 707 W Baltimore Street

J. Skelton Hill M.D.,
Medical Attendant.

Address, 432 N. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Joyce

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Stockholm St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 3rd 1881

Undertaker, [illegible]

Place of Business, No 707 N Baltimore Street

R. J. H. Tall M.D.,
Medical Attendant.

Address, 15-2 Shipley St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 32919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minna W Schleier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} # 8 S Dacia

Cause of Death, First, (Primary.) Colitis

Second, (Immediate.)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 4th

Undertaker, George Schilling

Place of Business, Holland Square

L E Fooks **M.D.,**

Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Norris Cousins.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 93 [redacted]berry St

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Septicaemia

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Sept 3d 1881

Undertaker, Frey & Bro

Place of Business, Broadway

Irving Miller M.D.
Medical Attendant.

Address, 1792 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. MURRAY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. Also to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 50921 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20. September 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fritzan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months.* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} N. Gay Street 515.

Cause of death, First, (Primary,) Morbilli

Second, (Immediate,) Hydrothorax

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 September

Undertaker, Adam Fink

Place of Business, 461 N. Gay

William Henkel M. D., Medical Attendant.

Address, S. Wolfe. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50922 *Office of Registrar of Vital Statistics.* **Ward** 18 11 c.f.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Leidheiser Werner Leidheiser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~All~~ 41 *Years,* — *Months,* ~~All~~ 11 *Days.* 14

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number.} Delaware Ave 243 Lemon alley

Cause of death, First, (Primary,) Haemoragia (Pulmon) of Lung

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 4th

Undertaker, H. Kraemer

Place of Business, Mulberry St.

John F. Filter M. D.,
Medical Attendant.

Address, 160 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 30923

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Harris

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick-Layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 17 Leaden Hall St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Some time

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Sept 3rd 1881

Undertaker, Sam'l C. Chase

Place of Business, 69 S. Howard St.

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50924

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Richard.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* , 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } 174 Lee St.

Cause of Death, First, (Primary.)

Second, (Immediate.) old age —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 4th 1881

Undertaker, C F Krause

Place of Business, 209 Hanover

R. J. H. Tall M.D.,

Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2th September 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Stetter.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, workman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No 34 Rose Str. (Canton)

Cause of Death { First, (Primary,) / Second, (Immediate,) Malaria fieber.

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Caroline St Luthern Harford Road Cem

Date of Burial, Sept 4th 1881

Robert Goodhart M. D.
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 50926 *Office of Registrar of Vital Statistics.* **Ward** 7 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Cockburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Eleven (11) *Months,* Twenty eight (28) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Point Lookout Eighth St

Cause of death, First, (Primary,) Stomatitis aphthosa Exhaustio

Second, (Inmediate,) Cerebral congestion Eclampsia

Duration of Last Sickness, Four (5) Days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Lecumount

Date of Burial, Sept 4th 1881

Undertaker, Wm. H. Eichman

Place of Business, 234 W. Fay St

Geo Glover **M. D.,**

Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50927 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Shay

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 207 S. Bethel St

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Sept 3rd 1881

Undertaker, John Brown

Place of Business, 224 S. Bethel St *Address,* Comm of Health

Attended M. D.,

Medical Attendant.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd Geo E Taylor

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Willard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 135 North St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, I only saw her once, just before death, Sept 2 1881

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 3rd 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Geo B Raymond M.D.,

Medical ~~Attendant~~.

Address, F. F. Co Calvert Station

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 50929

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3rd Sept 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 5 Willow St

Cause of Death, First, (Primary.) Bilious Dysentery

Second, (Immediate.)

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 4 th.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

E. J. McDevitt M.D.,
Medical Attendant.

Address, 169 N. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children, [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 30930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Muldoon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} V

Occupation, Cigar Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 334 Aisquith St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Sept 4th 1881

Undertaker, Henry W Mears

Place of Business, 45 N. Gay St

Saml J Powell M.D.,
Medical Attendant.

Address, No 29 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50931 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen McGinity

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 309 Bank Street

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 6th 1881

Undertaker, Jas P Bryan

Place of Business, Fawn St *Address,* 685 Broadway

Thos C McShane M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50932 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Hopkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 49 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} #98 Low Street

Cause of death, First, (Primary,) Congestion of the Lungs

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3rd

Undertaker, Charles A White

Place of Business, 35 Granby St

Charles H Thomas M. D.,
Medical Attendant.

Address, 85 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50933

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
SEP 1884
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Mills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Moreland Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} N. Dallas St No. 97

Cause of Death, First, (Primary.) Chills Intermittent

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 3 cd 1884

Undertaker, Theodore J Loeb

Place of Business, 173 Jefferson St

John A Schmidt M.D.,
Medical Attendant.

Address, 172 E Pratt & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50934 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Fletcher

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 9 N. Carrollton

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Sept 4th 1881

Undertaker, Wm J Cook

Place of Business, 423 Jefferson

H. H. Link M. D.,
Medical Attendant.

Address, Balt. & Bond. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50935

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 31st 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Delahay

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 3 ~~Chas~~ Montgomery st

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mark's Cemetery

Date of Burial, Sept 2nd 97

Ellis Mickum M. D.
Medical Attendant.

Undertaker, Geo H Perkins & Co

Place of Business, 130 Henrietta | *Address,* 158 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. ROBERTS & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50936

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty of law~~.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Tucker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 387 Saint

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 3. 1881

Undertaker, Wilkinson & Dugee

Place of Business, 62 East St

J. G. Thomas M.D.,

Medical Attendant.

Address, 41 N Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30937 *Office of Registrar of Vital Statistics.* Ward 7 01

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. G. Lawman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 51 Hillman Pl.

Cause of death, First, (Primary,) Chronic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, H. C. of Hebrews Ct

Date of Burial, Sept 3 1881

Undertaker, Henry Hoeck

Place of Business, 304 N. Centre

G. Glenville Peck M. D.,
Medical Attendant.

Address, Balt. & Hanover sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brakesman B & O R.R.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} B & O R.R. McClain

Cause of Death, First, (Primary.) Accidentally run over

Second, (Immediate.) by freight Train

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Sept 5th 1881

Undertaker, John Meacher

Place of Business, No 150 Camden St

S. A. Bell M.D.,

~~Medical Attendant.~~ Coroner So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles William Freeman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ——— *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 807 N Paca St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Twenty one Days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Sept 4" 1881

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St

W. Keyser M.D.,
Medical Attendant.

Address, 1 W Fayette Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 4 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd, 1891 September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Campbell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr 7 mos

Place of Death, {Give street and number} 25 Burrough St.

Cause of Death, First, (Primary,) Diphtheria (malignant)

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Elmridge Landing Towson Cem

Date of Burial, September 4

Robert S. Rowe M. D.
Medical Attendant.

Undertaker, B. Mush

Place of Business, 82 West St. *Address,* 323 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Franklin Campbell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr 7 mos

Place of Death, {Give street and number} 25 Yarrough Street

Cause of Death { First, (Primary,) Diphtheria (Malignant)
Second, (Immediate,) Four days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Aldridge Lansburg Harvard Co.

Date of Burial, September 4

Undertaker, B. Healy

Place of Business, 82 West St.

Robert S. Rowe M. D.
Medical Attendant.

Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ed. Losh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 187½ Bolton Ave

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 4

Undertaker, B. Hurst

Place of Business, 42 West St.

Robt Smith M. D.
Medical Attendant.

Address, 313 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50943

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE SEP 4 1891

CERTIFICATE OF DEATH.

Date of Death, September 3d 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Fifteen *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 53. Church St.

Cause of Death, First, (Primary.) Injuried by fall on the head

Second, (Immediate.) Cerebral Congestion & convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 4th

Undertaker, H. & Charles Ross

Place of Business, 75 Conway St *Address,* 146 Hill St.

L. L. Lyle M.D.,

Medical Attendant.

L. W. DYKER, M. D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 30944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd Sept 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Coughlin

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give street and number } 2 Rock St

Cause of Death { First, (Primary,) Remittent fever

{ Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 4th 1881

Undertaker, Wm. B. Leak

Place of Business No 707 W. Baltimore street

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50945

Office of Registrar of Vital Statistics.

~~The Physician~~ who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE SEP 4 1881

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Miles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Saratoga & Rockpleton Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Louden Park National cemetery

Date of Burial, Sept 3d 1881

Undertaker, Wm B. Cook

Place of Business, No 707 W Baltimore Street

Alexander Duvall M.D.,

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kelley alias Mathews

Sex, Male or ~~Female~~; {Cross out the words not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, State Prisoner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} dont Know

Duration of Residence in the City of Baltimore, Six (6) Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Greenlawn

Date of Burial, Sept. 4th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Silas Baldwin M. D.

Medical Attendant.

Address, 152 Townsend St

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Penal Penalty $20 [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2d. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 36 Clement alley

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 4 1881

Undertaker, Charles A White

Place of Business, 35 Granby St *Address* 76 S. Exeter St

Thos. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif...

Board of Health, City of Baltimore,

Permit No. 50948 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 4 1881

CERTIFICATE OF DEATH.

Date of Death, 20. September 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Wiesinger.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} .....

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Utzenhoff, Bavary, Germany

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give street and number.} S. Madeira Alley 5.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 21 '81

Undertaker, M. Frame

Place of Business, 280 Canton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & Wilk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50919 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE SEP 4 1881

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Gilden

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 S. Chapel St.

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 3rd 81

Undertaker, M. France

Place of Business, 980 Canton Ave

F. Turner M.D.,
~~Medical Attendant.~~

Address, 145 S. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunegunda Bergler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} #28 S. Castle St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of last Sickness, Two years & over.

All the above information should be furnished by the Physician.

Place of Burial, St Wolfgangus

Date of Burial, Sept. 6th '91

Undertaker, M. Eyrauer

Place of Business, 280 Canton Ave

Geo C Baumann M. D.
Medical Attendant.

Address, N Eu Bal. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 50951 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE 1881

CERTIFICATE OF DEATH.

Date of Death, September 2d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* *Months,* Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 30 Allin av.

Cause of Death, First, (Primary.) Asthenic Bronchitis

Second, (Immediate.) Anemia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Ch

Date of Burial, Sep 4

Undertaker, John H Owens

Place of Business, 152 East

I. D. Ayes M.D.,

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Skaplay

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 24 days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 55 Lough St.

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.) .....

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 4 1887

Undertaker, John Tabe

Place of Business, 161 E Balto St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 50953 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a ~~last illness~~, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77. *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} No 178 Constitution St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Morbus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 4th 1881

Undertaker, Wm P Byrne

Place of Business, Front St

Wm Whitridge M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 509574 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ann L. Laws Sept 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} F.

Age, 18 *Years,* *Months,* *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 164 N Stricker St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 6th 1881

Richard McSherry M.D.,
Medical Attendant.

Undertaker, S. W. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 183 N. Howard Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 30953 *Office of Registrar of Vital Statistics.* Ward 17 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Klein

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 8 *Years,* 6 *Months,* 1 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 947 Light St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 6th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Howard Cook M. D., Medical Attendant.

Address, 946 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 50956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50956

The Physician who attended any person in a ~~last~~ illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEA BOARD OF HEALTH SEP 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Finisher & Dry Goods

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Glasgow Scotland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 154 Dark St

Cause of Death, First, (Primary,) Dis-Cortex Brain

Second, (Immediate,) Paralysis

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 6th, 1881

G B Beller M. D.
Medical Attendant.

Undertaker, A. Kinnaird

Place of Business, 32 N. Liberty *Address,* 138 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50959

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Switzer

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 82 *Years,* 4 *Months,* 16 *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 538 Penna Ave

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Sept 5 1881

Undertaker, C M Blizzard

Place of Business, 307 Penn ave

H. J. Houck **M.D.,**

Medical Attendant.

Address, Cor Carey & Pratt sts Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50958 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* ~~to the Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara. Frances. Kerr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the ~~City of Baltimore~~, House 2 mos

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Spasm

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 5th 81

Undertaker, M. Frazer

Place of Business, 280 Canton Ave. *Address,* 78 McCulloh St

Marbury Brewer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50959

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last~~ illness is responsible for the presentation ~~of this Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Uhl.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Seven *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No. 7 Thames St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 5 Th 1881

Undertaker, Peter Frey

Place of Business, 91 Eden ave

S. E. Dashiell, M.D.,
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 50960 *Office of Registrar of Vital Statistics.* Ward 16 (E)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or~~ sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella C. Thompson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 91 Parkin St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 5th 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 N Baltimore street

Jerome Cook M. D.,
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th ; 12:40 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Rice

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 44 *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Vermont.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number} N.W. Cor. Fremont & Lemmon Sts.

Cause of Death First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate,) ____

Duration of last Sickness, Three (3) Years.

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Sep 6th 1881

Undertaker, Jas B Cook

Place of Business, No 707 N. Baltimore Street

Wm. J. C. Dulany M. D.
Medical Attendant.

Address, N.E. Cor. Columbia Av. & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fichet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} /

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Janitor of Law Building. St Paul St

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France.

Duration of Residence in the City of Baltimore, Dont Know.

Place of Death, {Give street and number.} No 2 Court House Lane Balto.

Cause of Death, First (Primary,) Heart Disease.

Second (Immediate,) Asthma.

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 5th, 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

A. A. Keyser M. D.
Medical Attendant.

Address 111 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Mal

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Marchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Hillen & East St -

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Do

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 5th 1881

Richd Sappington M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business 234 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Umbertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 50964 *Office of Registrar of Vital Statistics.* Ward 7th

~~The Physician~~ who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. F. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} 423 E. Balto St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6/81

Undertaker, Fry & Son

Place of Business, 8 N Broadway

C. H. Lusk M. D.,
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 6 BALTIMORE

Permit No. 50965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person ~~superintending the burial~~, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence J. Jefferson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~———~~ *Years,* 11 *Months,* 2 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~———~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cor Pine & Fayette Sts

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Cor Pine & Fayette Sts

Cause of Death { First, (Primary,) Weakened debilitated Constitution Hereditary
Second, (Immediate,) Enteric Colitis
3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 5th 1881

Undertaker, C. Frank Lowe

Place of Business, 654 W. Balt St

J H Chew M. D.
Medical Attendant.

Address, 15 E. Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50966 / *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raymond Sizemore.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 22 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 181 Franklin St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 5th 1881

J. E. Keller M.D.,
Medical Attendant.

Undertaker, Thos. L. Kingsley

Place of Business, 60 E. Pratt St.

Address, 89 N. Gay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ. Wm Bauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 184 E. Pratt st

Cause of Death, First, (Primary,) Sclerema neo.

Second, (Immediate,) Convulsions.

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery.

Date of Burial, 5th of Sept.

Undertaker, Fred Gaede

Place of Business, 24 S. Caroline st

L. P. Untermeyer M. D.
Medical Attendant.

Address, 12 S. Eden.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Donelson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 549 N Gay St

Cause of Death, First, (Primary.) Typho Malaria Fever

Second, (Immediate.)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6th

Undertaker, Geo Schilling

Place of Business, Ash Land Lyman

Wm. L. Russell M.D.,
Medical Attendant.

Address, Broadway & Fleet Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9 — 3 — 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Leonard Robinson

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 5 *Years,* 9 *Months,* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Black Lick

Duration of Residence in the City of Baltimore, V

Place of Death, { Give street and number } 96 N Spring

Cause of Death { First, (Primary,) } Diptheria

{ Second, (Immediate,) } Septicaemia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Burial Ground

Date of Burial, Sept 5th 1881

Undertaker, Thos O Robertson

Place of Business, 483 Jefferson

Jno Miller *M. D.*
Medical Attendant.

Address, 1792 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50970

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willis Jackson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 63 Richmond St

Cause of Death, First, (Primary.) Old Age & gradual failure of

Second, (Immediate.) mind & body

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5th 1881

Undertaker, Theo J Koch

Place of Business, 63 Baltimore St

Edmund R Walker M.D.,

~~Medical Attendant.~~

Address, Comm'r H D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50971 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cook

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 5 St Paul

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 5th 1881

Undertaker, Patrick Mullen

Place of Business, Address,

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50972

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1891 BALTIMORE

Date of Death, September 2nd 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Brady Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 ~~Years~~ *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 112 S. Wolf St.

Cause of Death, First, (Primary.) Organic dis. of Heart.

Second, (Immediate.)

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Prot. Ref. East Baltimore Methodist Ch.

Date of Burial, Sept. 4th

Undertaker, Wendelin Dipper

Place of Business, S. Bond St. 151

A. F. Erich M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams Greenway

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Lawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} 31 W. Biddle st

Cause of Death First, (Primary,) Valvular disease of the Heart

Second, (Immediate,) " " " " "

Duration of last Sickness, About 2 months (Chronic)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 6th Sept. 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles st

Jos. L. Boyd Martin M. D.
Medical Attendant.

Address, 38 W. Mount Place Bal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30974 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louis Koehler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 50 Fairmount Ave

Cause of Death, First, (Primary.) Eclampsia neonatorum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 26

Undertaker, Henry Sander

Place of Business, 232 Canton Address, 245 E. Baltimore St

J Mathieu M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Forbes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Unknown~~ Years, (65 yrs about) Months, ... Days.

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 241 N Front St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September

881 E. B. Fenby M. D.
Medical Attendant.

Undertaker, Charles F White

Place of Business, 35 Granby St Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50976

Office ~~of Registrar~~ of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881, 4 15 Am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. G. Forsyth.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nearly seven *Years,* Seven *Months,* Seven *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Injuries (accident)

Second, (Immediate.) Contusion of the brain

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7th

Undertaker, Geo Schilling

Place of Business,

E G Keith *M.D.,*

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50977 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 10 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. & W. H. Fawson (Twins)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 Druid Street

Cause of death, First, (Primary,)

Second, (Immediate,) Cyanosis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 5th 1881

Undertaker, Jos. B. Cook

Place of Business, W. Balto St.

J. Hunt Allen M. D.,
~~Medical Attendant.~~

Address, Commissioner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examiner Jos. B. Cook

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jenny Carey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Brown *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hospital

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co. Va

Duration of Residence in the City of Baltimore, 18 mo

Place of Death, {Give street and number.} 157 Druid

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Coma

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 5th 1881

J. K. Page M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 50979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ. Leo. Meyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 40 E. Lexington Ave

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 6 th

Undertaker, Henry Breihe

Place of Business, Henrietta St 81

Geo Keyser M. D.
Medical Attendant.

Address, 23 E Chase

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30980 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reginald Henry Pabst (Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Eastern ave

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 5th 1881

Undertaker, Wm. Frank

Place of Business,

Chas A Heuisler M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Chas E Taylor [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 50981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 Years, 6 Months, 5 Days.

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5-9 ~~Hart~~ Hart St. & Scott St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 5th 1881

Undertaker, Hoe & Forbes

Place of Business, 473 Jefferson St

J. C. Guy M.D.,
Medical Attendant.

Address, 137 Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50982 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

Date of Death, Sept 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Boraty

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 0 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 462 E. Monument

Cause of death, First, (Primary,) Chronic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Marble to state

All the above information should be furnished by the Physician.

Place of Burial, Bx Cl. mar Cem

Date of Burial, Sept 6 1881

Undertaker, John Hanaj

Place of Business, 589 Orleans St

G. G. Rusk M. D.,
Medical Attendant.

Address, 1 Balt & Bask 25.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50983

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George P Rawlings

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, Laborer -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore -

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 114 S Eutaw St -

Cause of Death, First, (Primary.) Phthisis Pulmonalis -

Second, (Immediate.) " "

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 6th 1881

Undertaker, Jas B Loch

Place of Business, No 702 W Baltimore St

W. Gr Lazenby M.D.,
Medical Attendant.

Address, 1 W Lafayette Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50 984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Ernst

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Wyeth

Cause of Death First, (Primary.) gastritis chron.

Second, (Immediate,) dropsy

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Jos. H. Leek.

Place of Business No 707 N. Baltimore street *Address,* 95 S. Sharp

H. Ellers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis E Knight

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 25 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2 Bank St

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Bulo Cemetery

Date of Burial, Sept 6th 1881

{ *Undertaker,* Jas Byrne

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

50986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Clark Garland Chapman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One year ~~Years.~~ ~~Months.~~ Three *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charleston SC

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} No 2 Tyson St

Cause of Death, First (Primary,) Membranous croup.

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 4th 1881

Undertaker, Wm. Justice Jr.

Place of Business, Madison Ave.

P. Morris Murray *M. D.*
Medical Attendant.

Address 108 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50987

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do, under penalty of law~~.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Olive

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* Two *Months,* *Days.*

Color, Light Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} No 2 Penn Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 8th 1881

Undertaker, Mat Kinsella

Place of Business, 1 Druid Hill

B F Bohn *M.D.,*

Medical Attendant.

Address, Cor Dolphin & Pitt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office where issued.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Zauder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 66 Pearl St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Pearl St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Sept 3/81

Undertaker, Fred'k A. Kechner

Place of Business, #50 Carrollton Ave *Address,* Corner

Alexander Imsley M.D.,
~~Medical Attendant~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 28 E. Lexington St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Scald

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Episcopal Cemetery

Date of Burial, Septr. 5th 1881

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna

Medical Attendant. *M.D.,*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50990 *Office of Registrar of Vital Statistics.* Ward 15-a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 6 *Months,* 14 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Peach Alley

Cause of death, First, (Primary,) Bilious fever

Second, ~~(Immediate,)~~ Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept. 3rd 1881

Undertaker, Jno H Chase

Place of Business, 178 E Hiland

W S Booze *M. D.,*
Medical Attendant.

Address, 206 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 50991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. E. Campbell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 62 Williams & Dallas

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 62 Williams & Dallas

Cause of Death, First, (Primary,) Inf. Dis. Debility (Convulsions)

Second, (Immediate,) Apnea (Convulsions)

Duration of last Sickness, 5 dys

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 6th 1881

Undertaker, W. C. Wachter

Place of Business, 70 Eastern Ave

D. Stuart M. D.
Medical Attendant.

Address, 147 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANT & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Ph... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50992

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Finnegan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland. 14 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 106 S. Eutaw St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Sept 7th 1881

Undertaker, Jos R Byrne

Place of Business, 69 N Liberty St

R. J. N. Tall M.D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phy[illegible] to the Remarks Below. and to [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50993 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Tobin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) ~~Six months~~

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 6th 1881

Undertaker, L. B. Cook

Place of Business, 707 W. Balt

Chas L. Michelbacher M. D., Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... the Remarks Below. and t... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50994 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

Date of Death, September 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Darcus E. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 92 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} 34 Oxford St.

Cause of death, First, (Primary,) —

Second, (Immediate,) Old age

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 6th 81

Undertaker, Wm. Jas. Gray

Place of Business, #65 Mulberry St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... Saturd... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50995

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jackson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about 60 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Water Front

Cause of Death, First, (Primary.) 1 accidental Drowning

Second, (Immediate.) 2

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, September 4th

Undertaker, Patrick Mullin

Place of Business,

Chas. H. Moffat *M.D.,*

Coroner & ~~Medical Attendant.~~

Address, 67 N. Bath St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to the Remarks Below ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50996

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 7 1881 BALTIMORE

Date of Death, Sept 5th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Price

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 36 N. Mary St.

Cause of Death, First, (Primary.) Organic Disease Heart.

Second, (Immediate.)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, 6 September

Undertaker, Chr. Henschel

Place of Business, 48 Fem. Av.

D. G. Keller M.D.,

Medical Attendant.

Address, 8 & N Green St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] invited to the Remarks Below. [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 30947 *Office of Registrar of Vital Statistics.* **Ward** 16 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 Bartlett

Cause of death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 6

Undertaker, H. G. Chenoweth

Place of Business, 236 Pennsylvania Ave

Dr. A. Blake *M. D.,*
Medical Attendant.

Address, 168 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... to the Remarks below, and ... List of Diseases on Back of this Certificate.

16"

Board of Health, City of Baltimore,

Permit No. 30998

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 4th Sept. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Woolford

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Blk.

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, {Give street and number.} 225 S. Howard St

Cause of Death, First, (Primary.) Diarrhea & Piles

Second, (Immediate.) Typhoid Fever & Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 6 1881

Undertaker, S Mchase

Place of Business, 198 Howard St.

A. M. Dodge M.D.,
Medical Attendant.

Address, 207 Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ntion to the Remarks below. See ... of Diseases on Back of this Certificate.

Health, City of Baltimore,

Board of ... Office of Registrar of Vital Statistics. Ward ... 188...

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

...Attention of Phy... ...is responsible for the presentation of this Certificate, accurately filled ... last illness, is responsible for the presentation of this Certificate, accurately filled ...ling the burial, within *twenty-four hours* after the death of said deceased, or sooner.

...OBTAINED WITHOUT A PROPER CERTIFICATE.

...e out the word not ... required in this line.

Place of Death, {Give street and number. ...

Cause of death, { First, (Primary,) ... Second, (Immediate,) ...

Duration of Last Sickness, ... Months, ... Days.

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... Address, ...

... M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Phy[illegible] Respectfully Invited to the Remarks Below. And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50999 *Office of Registrar of Vital Statistics.* Ward 16 c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W Augustus Frank

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 11 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } [illegible]ty, ✓

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 45 Low Lane

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, Sept 5 1881

Undertaker, J B W Chase

Place of Business, 195 Howard

[illegible] M. D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 51001

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE

Date of Death, Sept. 5/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Koenig

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cooper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } 27 n. Carolina

Cause of Death, First, (Primary.) Bilious Intermittent

Second, (Immediate.) Jaundice

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 7

Undertaker, W Dryden

Place of Business, 1 Bond St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51002

The Physician who attended any person ~~in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Sept 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Milton Carter

Sex, Male ~~*or Female*~~, {cross out the word not required in this line.}

Age, [illegible] *Years,* 10 *Months,* [illegible] *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 7 Carlton st

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 6 1881

J. Dunnett Yoe M. D.
Medical Attendant.

Undertaker, William Lange

Place of Business, No 62 East Pratt *Address,* 761 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

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No. 51003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51003

The Physician who attended any person in a last illness is responsible ~~for the presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bailey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} born Balto City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Clinton ave

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,) Cardiac Asthenia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Sept. 7th 1881

Undertaker, John Boehm

Place of Business, 150 Camden *Address,* 76 Paca St

J. H. Guerry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the [illegible] whence issued, Saturday of each week.

No. 51004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Abbott

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 19 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 492 E. Monument St.

Cause of Death, First, (Primary,) Teething with Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Septbr 6th

C. F. Sims M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 262 Canton Av. *Address,* 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertie A. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Carey st near Cumberland st

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 Saw her first on 10th August 81 - Knew nothing of her before that

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 6th 1881

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 51006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wheeler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 133 Cross st

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart failure

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 6 81

Geo. N. Benson M. D.
Medical Attendant.

Undertaker, Strohmeyer & Deems

Place of Business, No 26 E Lee st

Address, 164 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 51007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm James Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 604 Penna Ave

Cause of Death, First, (Primary.) Cerebral + spinal Irritation

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 7th 1881

Undertaker, Wm H. Hickman

Place of Business, W. 234 Balt

Chas E Sadler *M.D.,*

Medical Attendant.

Address, 565 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 5 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Wacker

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 61 *Years,* 2 *Months,* 10 *Days*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number } 62 Camden St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion

Duration of last Sickness, Commenced on board of Steamer during passage from Europe

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 6th 1891

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Address, 137 W Fayette St

A. Stillwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 6 — 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Turner Walker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 29 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Infant

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md W Lombard (Baltimore)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Md W Lombard St (Maternity)

Cause of Death, First, (Primary,) Inflammation of bowels & Stomach

Second, (Immediate,) Spasm & Asphyxia

Duration of last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt St Cem

Date of Burial, Sept 6th 1881

Undertaker, P. Mullen

Place of Business, P Park ave

L. L. Tilney M. D.
Medical Attendant.

Address, Resident Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51010

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Holden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 41 S. Charles St

Cause of Death, First, (Primary.)

Second, (Immediate.) Malignant Diphtheria,

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 7 81

Undertaker, Fry & Son

Place of Business, 324 Broadway *Address,*

Nicholas L. Dashiell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to the Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51011 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1881 BALTIMORE.

Date of Death, September 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Maryland

Place of Death, {Give street and number.} No 9 Low Fort Alley

Cause of death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Asphyxia.

Duration of Last Sickness, Three Months & 25 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 6th 1881

Undertaker, Wm J Locke

Place of Business, 472 Pulaski

Geo H. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 51012

Board of Health, City of Baltimore,

Permit No. 51012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alexander Bishop

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 166 Eastern Ave.

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Luther of Evans

Date of Burial, Sept 6 1881

Undertaker, Wm J Keyser

Place of Business, 1103 Hanover

E W Gilman. *M. D.*
Medical Attendant.

Address, 101 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it sh
uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes
rnish within forty-eight hours after the death to the Undertaker or other persons superintend
ng forth as far as the same can be ascertained, the full name, sex, age and condition (whet
n deceased, and the cause and date of death, except in cases of births and deaths of il

ed. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51013

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Lamphaire

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 152 Prince St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, about four years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep 6 1881

Undertaker, Hemsley & Macbeth

Place of Business, 116 Orchard St

Claud Van Bibber M.D. for Jno. Van Bibber M.D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51014 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th September 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McNamara

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years.* *Months.* *Days.*

Color, W

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} Md Th House Pratt St

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Pericarditis

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 6th 1891

Undertaker, C. F. Krause

Place of Business,

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51015 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos McGovern

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 L. Green St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 7th /81

Undertaker, C. F. Krause

Place of Business,

Edw'd J. Nicholson M. D., Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51016 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Sept 6 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 19 Months, 3 Days.

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 406 E. Chase St

Cause of death, First, (Primary,) Destructive

Second, (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, 10 Days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bur'd.

Date of Burial, Sept. 7th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Geo. D. Dayler M. D.,
Medical Attendant.

Address, 222 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51017

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Hoy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... 10 *Months,* ... 5 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, City and Lifetime

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 22 N Poppleton St.

Cause of Death, First, (Primary.) Enteric Colitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two Months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 6 1881

Undertaker, ~~Matthew~~ Cadogan

Place of Business, 227 Mulberry

J Shellenberger M.D.,

Medical Attendant.

Address, 132 N Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51018

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. O. Hendrickson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, furniture varnisher

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 88 S. Bond

Cause of Death, First, (Primary.) Heart disease (Valvular)

Second, (Immediate.)

Duration of Last Sickness, 36 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 7. 1881

Undertaker, John W. Jackson

Place of Business, 528 N. Gay st

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51019

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Little

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 16 yrs

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} E. End Hamburg & Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet fever (after childbirth)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Jas P Byrne

Place of Business, Front st

D Gilliland M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella J. Dunn

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Providence R. I.

Duration of Residence in the City of Baltimore. 18 Years

Place of Death, {Give street and number.} No 76 S. Eden Eastern Avenue

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Paralysis

Duration of Last Sickness, About two Years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 7th 1881

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

W. P. McWilliams M. D.
Medical Attendant.

Address 71 Aisquith St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to this ...

Board of Health, City of Baltimore,

Permit No. 51021 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary & John Lyons Parents

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~ Years, ~~ Months, One Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 44 Preston St

Cause of death, First, (Primary,)

Second, (Immediate,) Ruptura

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Sept 6 1881

Undertaker, Chas. J. Feinour

Place of Business, 11 Eutaw St. *Address,* Comm of Health

Thos A Glenn M. D., Medical Attendant

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by B. Sc[illegible]

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57622 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetha Halbig.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 4 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City –

Duration of Residence in the City of Baltimore, 2 M & C

Place of Death, {Give street and number.} 10 Baker St

Cause of death, First, (Primary,) Enteritis –

Second, (Immediate,) Asthenias

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 7

Undertaker. Walter Emmert

Place of Business, 20 N. Eddy

S Thickett M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1895 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 109 S. Stricker St. September 6 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sapp

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 24 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 109 S. Stricker

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 109 S. Stricker St

Cause of Death First, (Primary,) Inanition

Second, (Immediate,) ~~Debility~~ Exhaustion

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Westview Cemetery

Date of Burial, Sept 6

Undertaker, Joseph B Cook

Place of Business, 707 W. Baltimore *Address,* 322 Hollins ave.

J. McHowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51024 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept August 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 China St.

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 7th

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St

C. S. Bond *M. D.,*

Medical Attendant.

Address, 202 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lennie Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 10 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 274 S. Howard

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Can't tell

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7

Undertaker, Hercules Ross

Place of Business, 95 Lombard St

..... *M.D.,*

Medical Attendant.

Address, 157 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51026

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3-4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Steindle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 244 Chew St

Cause of Death, First, (Primary,) Typho Malarial Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Sept 6

Undertaker, W. Dugal

Place of Business, 5 E Baltimore St

J. H. Grimes M. D.
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5/027 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silvester

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, House 14 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Spasm

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 6, 1881

Undertaker, Jas Brannigan

Place of Business, 156 Division St

Marbury Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51028 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloysius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months.* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Maternité

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 6, 1881

Undertaker, Jos Cunningham

Place of Business, 154 Division St

Marbury Brewer M. D.,
Medical Attendant.

Address, 58 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51055 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Lloyd Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* - *Months,* - *Days.* 1

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} Commercial Wharf

Cause of death, First, (Primary,) Uremic Apoplexy

Second, (Immediate,) Drowning

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Grn Dr

Lumpen Farm Balto Co

Date of Burial, September 7th 1881

Undertaker, H. W. Perkins & Son

Place of Business, N. ~~Gilmor~~ St

Chas M. Morfit M. D.,

Coroner & Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Marshall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 739 Forest St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Hemorrhage & Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8

Undertaker, Geo Schilling

Place of Business, ...

Geo B Symons M.D.,
Medical Attendant.

Address, Eutaw & Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51131 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person~~ superintending the burial, within *twenty-four hours* ~~after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Clarke

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and number.} 223 Wash

Cause of death, First, (Primary,) Childbirth

Second, (Immediate,) Nervous Shock 12 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 9th 1881

Undertaker, C. D. Krauss

Place of Business,

R. M. Ellis **M. D.,**

Medical Attendant.

Address, 313 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57032 *Office of ~~Registrar~~ of Vital Statistics.* Ward 19 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dawkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 Hanover Lane

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 7th 1891

Undertaker, Peter Zimmerman

Place of Business, Mulberry St

H F Hill *M. D.,*
Medical Attendant.

Address, 361 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57033 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Merriam

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 410 E. Balto. St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Wright Cemetery Belt Cornet Road

Date of Burial, Sept 7th 1891

Undertaker, Penny & Mitchell

Place of Business, 6 S Broadway, *Address,* 226 E Balto St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 5 1034

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 6th. September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Brack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1. *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} N. W. Corner Eager & Forrest

Cause of Death, First, (Primary.) Marasmus consecutive to

Second, (Immediate.)

Duration of Last Sickness, ab. 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 7 — 3 P. M.

Undertaker, Geo C Rodemeyer

Place of Business, Ensor St.

Medical Attendant.

Address, 57 Eager St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 37035 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. W. Gober

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 21 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, B

Place of Death, {Give street and number.} 327 Williams st.

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 7th 1881

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light St

L. O. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Snowden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 *Years,* 0 *Months,* 0 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington City D C

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } No 2 Union St

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 7th 1881

Undertaker, W H Bowen

Place of Business, 77 Druid Hill Ave

T. Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Edward Serue

Sex, Male or Female, { cross out the word not required in this line. }

Age, Twelve *Years,* Five *Months,* Two *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Farmer.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, { Give street and number } 102 E. Saratoga St.

Cause of Death { First, (Primary,) Phthisis.
Second, (Immediate,)

Duration of last Sickness, One yr.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 7th 1881

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay St.

N. Edwin Leland M. D.
Medical Attendant.

Address, 190 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any ~~person in a last illness~~ is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Chrisman

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Elliott St.

Cause of Death, First (Primary,) Metastasis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 8 1881

Alex. McLaren, M. D.
Medical Attendant.

Undertaker, Mr. Frazer

Place of Business, 280 Fawn Ave

Address 128 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51039

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the ~~presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September the 6th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Hyman

~~Sex; Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} 305 McDonough

Cause of Death, First, (Primary.) Phthisis pulmonum

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 mnth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 8th 81

Undertaker, Mc Grann

Place of Business, 280 Canton Av

J Mathews M.D.,
Medical Attendant.

Address, 245 S. Ann

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5/0c40 *Office of Registrar of Vital Statistics.* Ward 2 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jeers.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 214 S. Durham St.

Cause of death, First, (Primary,) Diptheritic Croup

Second, (Immediate,)

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician:

Place of Burial, St. Alphonsus

Date of Burial, Sept 8 & 81

Undertaker, M Trom

Place of Business, 280 Town Av

John H. Lehberger M. D., Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51041

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cassidy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Melvales W of Canton

Cause of Death, First, (Primary.) Accidentally Drowned

Second, (Immediate.) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cem

Date of Burial, September 8th 1881

Undertaker, H M Fahnestock

Place of Business, No 341 Eastern av

Chas. Mohr M.D.,

~~Medical Attendant.~~ Coroner

Address, 67 Wells alley

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51042 *Office of Registrar of Vital Statistics.* **Ward** 16 11 cf.

The Physician who attended ~~any person~~ in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jefferson Gundley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Fourteen *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 148 S. Green St

Cause of death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) .....

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 7

Undertaker, Jacob Davis

Place of Business, 1c 103 Lee St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
W. J. Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51043

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Irene Hobbs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 McElderry St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 7th 1881

Undertaker, Henry Schultheis

Place of Business, E. M. St. No 261

D. McCathell M.D.,

Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 6th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Lushaw

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number} 38 Abrey's Alley

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Peritonitis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, September 7

Undertaker, B. Heard

Place of Business, 82 West St.

Robert S. Rowe M. D.
Medical Attendant.

Address, 228 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~August.~~ September 6th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William. Chandler.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 679 Light. Street.

Cause of Death { First, (Primary,) Diph-theria

Second, (Immediate,) ———

Duration of last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 8.

Undertaker, C. Harle

Place of Business, 482 West St.

L. O Harrington M. D.
Medical Attendant.

Address Cor Cross & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51046 *Office of Registrar of Vital Statistics.* Ward 18 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Schaak

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 *Years,* 6 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Jobby Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 210 Lexington St

Cause of death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) 5 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Sept. 7th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 16 Sharp St

Thos Opie MD Cor Eutaw & Hill M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51047 / *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. English

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days.*

Color.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 7

Place of Death, {Give street and number.} 412 E Lights

Cause of death, First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Sept. 7th 1881

Undertaker, Louis Koehler

Place of Business, Sharpe Cross st.

R. N. P. Ellis M. D.,
Medical Attendant.

Address, 313 Lights

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Stanley

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 14 *Years,* 9 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 173 N. Bidder St.

Cause of Death First, (Primary,) acute Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Geo J Loeb

Place of Business,

Geo. W. Smith M. D.
Medical Attendant,

Address, 323 St Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51049 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgemore H. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 127 N. Bethel St

Cause of death, First, (Primary,) Pneumonia (Acute)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Loyal Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Theo J. Peck

Place of Business, 173 Jefferson

Geo. D. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51050 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 12 M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Colbert Court

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, Several Hours - Saw it once at 5 P.M.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Chas J Koch

Place of Business, 473 Jefferson

James E Donnelly M. D.,
Medical Attendant.

Address, 199 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5705

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE, MD. SEP 8 1898 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7 September

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl B Tomz — Thekla Tomz parents.

Sex, Male or Female, {cross out the word not required in this line.} female

Age, — *Years,* — *Months,* — *Days.* 4 hours

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lexington Street 206

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Lexington Street 206

Cause of Death, First, (Primary,) Too early birth — I mon. Prematurely born

Second, (Immediate,) Weakness

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, Sept 9th 1898

Undertaker, or Chas. M. Tomz

Place of Business,

L. T. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51052 *Office of Registrar of Vital Statistics.* Ward 15 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 C 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Bowering

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 414 Hill St

Cause of death, First, (Primary,)

Second, (Immediate,) Erysipelas in head

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Sept 7 1881

Undertaker, Ernest Schlosnagle

Place of Business,

James A Steuart M. D.,

~~Medical Attendant.~~

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Orchard St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7th 1881

Undertaker, Lemmon & Madden

Place of Business, 70 Orchard St

W. H. Thompson, M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Hillman St.

Cause of Death. First, (Primary.) —

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 7th

Undertaker, H. C. Wiesfeld

Place of Business, 90 Guilford Ave

Jno. Brooke Boyle M.D.,
Medical Attendant.

Address, Eager & Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last ~~illness is responsible for the~~ presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Willett

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... ***Days.***

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Walliken

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Laryngitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 8th

Undertaker, ... Fr. Ober

Place of Business, 211 E. Baltimore St

J. Statham M.D.,
Medical Attendant.

Address, 145 S. Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57056 *Office of Registrar of ~~Vital Statistics.~~*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Johnsen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 3 Bells Alley

Cause of Death, First, (Primary.) ~~Traumatic~~ Fracture of skull

Second, (Immediate.) ~~Hemorrhage~~ Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 7/1891

{Undertaker, Traynor & *{Place of Business,* 13 Saratoga

Edmund R Walker M.D.,
~~Medical Attendant.~~

Address, Corner N & P D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Sept 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefferson Harris

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gardner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} 16 Jews Alley (0.7)

Cause of Death First, (Primary,) Malarial Fever

Second, (Immediate,) Prostration and Debility pertaining to old age.

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Sept 7 1887

Undertaker, A Wagman

Place of Business, 13 Saratoga

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Gravmont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51058

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~properly~~ *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dasey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 26 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Towson Baltimore Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Street Hotel

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about four month

All the above Information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, September 7th

Undertaker, Thos Whyte

Place of Business, 3 St Paul

D W Cathell M.D.,
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51055 *Office of Registrar of Vital Statistics.* Ward 6 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alberta Skinner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Fourteen Months, Two Days.

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 78 North Broadway

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 7 81. Wm H Clendinen M. D.,

Undertaker, Fry

Place of Business, 61 N Gordon Address, No 102 N Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51060

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Frank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 280 E. Conton St

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 8th 81

Undertaker, M France

Place of Business, 280 Conton Ave

D Hyde *M.D.,*

Medical Attendant.

Address, 21 W Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51061

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9 Sept 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ernest

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 1 S. Gay St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 8 1881

Undertaker, M Frazier

Place of Business, 280 Eastern Ave

H. Hiller M.D.,

Medical Attendant.

Address, 1 W Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51062

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51062

The Physician who attended any ~~person in a last illness is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fix ~~Fix~~ Mother

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Girl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 187 East Pratt

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 187 East Pratt

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Anthrax

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 8

D. Sheall M. D.

Medical Attendant.

Undertaker, H. C. Wedefeld

Place of Business, Greenmount ave *Address,* 143 E Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs L M Hawkes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Williamsburg Mass

Date of Burial, Sept 8th 1881

Edwd. T. Mitchell M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Address 283 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51044 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Redcroft.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Home Keeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, Eighteen yrs.

Place of Death, {Give street and number.} 5 Bolton alley.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis.

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, C.C. Pub Cemetery

Date of Burial, Sept 7th 1881

Undertaker, F. A Kercher

Place of Business, ———

Jas. E. McShane, M.D.,

~~Medical Attendant~~

Address, Forrest & Saratoga.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51165

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Gary

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 20 Bethel

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Overheated

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 8 Sept 1881

Undertaker, M Carr & Son

Place of Business, 64 Eden *Address,* .....

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Jefferson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* 9 *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 347 N. Howard

Cause of Death First, (Primary,) Phthysis Pulmonis

Second, (Immediate,) Wasting

Duration of last Sickness, 6 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 9 - 1881

Thos S Latimer *M. D.*
Medical Attendant.

Undertaker, Crosby & Madden

Place of Business, ~~No.~~ 116 Orchard *Address,* 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51067

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 1 Sept 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Augustus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 3 *Months,* 22 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Trailer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Pine

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 8 1881

Louis C Shorn M.D.,
Medical Attendant.

Undertaker, S W Chase

Place of Business, 198 Harrod

Address, 226 Mulberry E.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Hutton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 Randall St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Phthisis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Sept 9 8

Undertaker, Anthony E Denny

Place of Business, 142 Light St

Edward Coale M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-1069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Neuman Charles Augustus

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 S. Madison Ave

Cause of Death, First, (Primary.) Eclampsia convulsions

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, Sept 8 1881

Undertaker, Caspar Eckhardt

Place of Business, Carlton Av *Address,* 245 S Baltimore

F Matthews M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 57070

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Long (Sister Mary Michael

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Novice Sister de Notre Dame

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Convent de Notre Dame Hospital

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pneumonia

Duration of Last Sickness, ~~from~~ this patient came to the Institution in May 1880 ~~Treatment~~ from New York, after having an attack of hemorrhage of the lungs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept. 8th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

John E. Thomas M.D.,
Medical Attendant.

Address, S. W. Calvert & Read

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51071 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rizer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 140 Barnes St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 8th 1881

Undertaker, Adam Fink

Place of Business 461 W. Gay St

James A Steuart M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Dr. P. Smith

Board of Health, City of Baltimore,

Permit No. 57072

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lange (Infant)

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2½ hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 113 N Howard St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8/81

Undertaker, Stewart & Moore

Place of Business, 35 Park Ave *Address,* 143 N Charles

H W Kneja M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51073

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 P. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A Edwards

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md 66 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203 E Monument St

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate.) Dropsy

Duration of Last Sickness, Last week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 8th 1881

Undertaker, Wm H Heckman

Place of Business, 234 N Gay St. *Address,* 143 S Charles

Jno Thomas *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Coleman

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 4 months ~~Years~~, ~~Months~~, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} #123 Hollins St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 345 Penna Ave.

Cause of Death, First (Primary,) Asphyxia produced accidentally by a pillow falling upon its face

Second (Immediate,) whilst asleep.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 9

Undertaker, J Flaherty

Place of Business, 241 Penna Ave

W E Fiegand M.D.
Medical Attendant.

Address, 345 Penna Ave City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57075 *Office of Registrar of Vital Statistics.* Ward 12 & 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Brooks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 11 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number.} 13 Parkin St.

Cause of death, First, (Primary,)

Second, (Immediate,) Inflamed Croup.

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters

Date of Burial, Sept 8 1881

Undertaker, Matthews Cadogan

Place of Business, 227 Mulberry St

H. L. Stein M. D.,
Medical Attendant.

Address, 38 N Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Powers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 26 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Stevedore

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt one year

Place of Death, {Give street and number.} 13 Pleasant Alley

Cause of Death, First, (Primary.) Heat Exhaustion

Second, (Immediate.) Syncope

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 9 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Chas M. Wright M.D.,

Coroner & ~~Medical Attendant.~~

Address, No 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Maier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 169 South Street

Cause of Death, First, (Primary.) "Coup de Soleil" (Sunstroke)

Second, (Immediate.) .....

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Septr 9th 81

Undertaker, Otto Gaetz

Place of Business, Carroline St

Chas F. Stone M.D.,
Medical Attendant.

Address, 61 L Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5107[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE HEALTH DEPARTMENT SEP 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Lyons

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France George Co. Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 245 S. Howard St

Cause of Death, First, (Primary,) Confined fever

Second, (Immediate,) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 3d 81

Geo. H. Benson M. D.
Medical Attendant.

Undertaker, Geo W Perkins & Co

Place of Business, 130 Hanover St *Address,* 54 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. MURRAY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 51079 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Robert Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 157 Hanover St.

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 8th 1881

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51080

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Conroy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore .....

Place of Death, {Give street and number.} No 171 Mulberry St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) .....

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, September 9th

Undertaker, Mr Byrns & P

Place of Business, [redacted] Saratoga *Address,* 151 Asquith St

Hall Eutledge *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51081

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo E Stevenson

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and number. } Boundary Ave

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Presbyterian Grave Yard

Date of Burial, September 9th 1891

Chas O'Donovan M.D.,

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5082

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Braswood

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} No 43 S. Dallas

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Paralysis right Leg

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8th 1881

Undertaker, Wm J Leeke

Place of Business, 423 Jefferson

John Conner M. D.
Medical Attendant.

Address, 533 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUTHRIE & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5783 *Office of Registrar of Vital Statistics.* Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 144 N Dallas n

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8th 1881

Undertaker, Wed J Forbes

Place of Business, 453 Jefferson

Wm. L. Purnell M. D.,
Medical Attendant.

Address, Broadway & Fairmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 51084

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily E. Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, ed

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Launchers

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Little McElroy 2178

Cause of Death, First, (Primary.) Acute Phthysis

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 9 1881

Undertaker, Theo J Locke

Place of Business, 423 Jefferson St

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57085 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within~~ *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Gephart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Smith & Wicks Co Factory foot of Mill St

Cause of Death, First, (Primary.) Foul air in sink (which he was cleaning)

Second, (Immediate.) Asphyxia

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 8th 1887

Undertaker, Andrews & Hodges

Place of Business, 104 x 62 and Hall Ave

Edward Reveal M.D.,
Medical Attendant.

Address, Comm Inst

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5186

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Zeidler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 111 Penn St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 8. 1881

Undertaker, A. Rosenberger

Place of Business, #70 Mulberry St

Alexander Tinsley M.D.,

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51087 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lodwag Roth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 9 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Cookery

Cause of death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of Last Sickness, Life time. Just since born.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, September 8

Undertaker, B. Tarr

Place of Business, 482 West St.

E W Janney M. D.,
Medical Attendant.

Address, 260 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67088 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Foley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 7 *Months,* 22 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Union St

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 2 to 3 weeks - I only attended her 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 9 Sept

Undertaker, P Kinnard } C Winslow M. D.,

Place of Business, 317 Madison } Medical Attendant. *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 22

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 51089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Fem

Age, 96 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 41 E. Fallington ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Senilit

Duration of last Sickness, (illegible) Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 8" 1881

Undertaker, H. A. Dwiggins

Place of Business, S. Broadway

Jos C Bunyan M. D.
Medical Attendant.

Address, 1 S Ca Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. D. ENSIGN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51090

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 8th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Rauch.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 70 S. Washington St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 10th 1891

Nicholas L. Dashiell M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51091

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vaughan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 24 N. Ann St

Cause of Death, First, (Primary.)

Second, (Immediate.) Strangulated Hernia (old age)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Sept 10th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 217 S. Broadway

Nicholas L. Dashiell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2319 Hanover

Board of Health, City of Baltimore,

Permit No. 51092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

Date of Death, 5-Sept-8-81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H9 Hettrick

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 3 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~[illegible]~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 8 park st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 8 Park st

Cause of Death { First, (Primary,) Cerebral - Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Edenton N.C.

Date of Burial, Sept 8" 1881

Undertaker, Denny & Metcalf

Place of Business, 350 W Fayette St *Address,* 185 W Fayette

P. Bat Cren M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

232 S Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept-7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Lowe

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tinsmith

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Middlebrook Va.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } University Hospital, Lombard & Green sts.

Cause of Death { First, (Primary.) Strangulated Hernia
Second, (Immediate,) Peritonitis

Duration of last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Sept 8, 1881

Undertaker, [illegible]

Place of Business, [illegible]

Jno. Dickson M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 / 0 9 4 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Rose St

Cause of death, First, (Primary,)

Second, (Immediate,) Insanition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Stans St. Cemet

Date of Burial, Sept 9th 1881

Undertaker, S. W. Chase } James H Mews M. D.,

Place of Business, S. Howard St } *Address,* ~~Medical Attendant~~ Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by B. Digs

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51095 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 1 *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 184 S. Bond St

Cause of death, First, (Primary.) Internal Convulsions

Second, (Immediate.)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Aisquiths Grave yard

Date of Burial, September 9 - 8 o'clock AM

Undertaker, John Brown

Place of Business, 224 S. Bethel St

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sabe W Madison

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days.*

Color, black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number } No 1 Crupper Ally

Cause of Death { First, (Primary,) Fellon of finger Then Lockjaw & Spasm colic

Second, (Immediate,)

Duration of last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Waynesboro Pa

Date of Burial, Sept 8th 1891

Undertaker, John W Chase

Place of Business, 198 S. Howard St

M. D.
Medical Attendant.

Address, 186 W Lyon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2321 Transcr

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51097

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 14 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} n Halliday 116

Cause of Death, First, (Primary.) Stone in the bladder lithotomy

Second, (Immediate.) Uremic Convulsion

Duration of Last Sickness, Unknown to us

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8th 1881

Undertaker, Abraham Wyman

Place of Business, 130 Saratoga St

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57098 *Office of Registrar of Vital Statistics.* Ward 7 Cl 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rennell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse - ~~Domestic~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 435- E. Eager St.

Cause of death, First, (Primary,) Septic Diphtheritis

Second, (Immediate,) Apnoea -

Duration of Last Sickness, Three (3) Days -

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Sept 8 1881

Undertaker, Manns Kirk

Place of Business, 307 Central Av *Address,* 222 N Broadway

Geo D Dayton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence H. Hicks

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 350 N. Sharp St

Cause of Death, { First, (Primary.) Phthisis

Second, (Immediate.) }

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md.

Date of Burial, Sept 8

Undertaker, C H Blizzard

Place of Business, 201. Penna Ave

Alexander Tinsley M.D.

Medical ~~Attendant~~.

Address, Cor

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2324 Transit

Board of Health, City of Baltimore,

Permit No. 51100

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 K 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Gaither

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md. Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 105 S. Gilmor St

Cause of Death, First, (Primary.) Ventricular Compression

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 9

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 5 84 Or Hagerstown

J. Q. Litter M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 51101 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny May Hinchey

Sex, Male or Female, {Cross out the word not required in this line.} f

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Stafford ave

Cause of death, First, (Primary.) Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemy

Date of Burial, Sept 9th 1881

Undertaker, Henry Sinder

Place of Business, 28 Centre Market *Address,* 128 Paca St

S. Duffy Tuells M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Seldner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 10 *Months,* 24 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 423 Madison Av

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, ~~one year~~ nine months

All the above information should be furnished by the Physician.

Place of Burial, Lexington St P E Church Franklin Town Cemetery

Date of Burial, Sept 11th 1881

L. M. Lane M. D.
Medical Attendant.

Undertaker, John H Woods & Co

Place of Business, 22 W Fayette St

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to ~~do, under penalty of law~~.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche May Simms

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 238 E. Madison St

Cause of Death { First, (Primary,) Diphteria / Second, (Immediate,)

Duration of last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep. 10th 1881

E. B. Tenby M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 319 N. Central Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas A Brown

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Coachman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 282 N Middle St.

Cause of Death, First, (Primary.) Meningitis (Acute)

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Sept 9th 81

Undertaker, John C Jordan

Place of Business, 63 Park ave

H H Miller, *M.D.,*
Medical Attendant.

Address, 58 N Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5105 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schissler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 9 *Months,* 24 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Flour & Feed Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 462 N. Gay Street

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Cirrhosis of Liver

Duration of Last Sickness, Cannot say Deceased

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 10th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,* 464 N Gay St

E. W. Schaub *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57106

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gerathe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 201 Cook

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Helena Cemetery

Date of Burial, September 9

Undertaker, B. Healy

Place of Business, 82 West St

Dr. J. Bell M.D.,
Medical Attendant.

Address, 101 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57107 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1893 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie L. Linx

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months.* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 - 4

Place of Death, {Give street and number.} Ehrman's Row (Dog Round)

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 9

Undertaker, B. Clark

Place of Business, 82 West St *Address,*

E. D. Ellis *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57108 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A Butler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 53 Hanover st

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept. 10th 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 57 Barre

H. W. Webster M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Slacum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 17 Allen alley

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) ——

Duration of Last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9. 1881

D W Cathell M.D.,
Medical Attendant.

Undertaker, Chas. Tilk

Place of Business, 35 Granby St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57110 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund L. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, / *Years,* 3 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Fremont Lane

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) —

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10 1891

Undertaker, C. V. Clare

Place of Business, 1918 Harford Ave

H. F. Hill *M. D.,*
Medical Attendant.

Address, 36 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 51111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederica Edler

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number } 172 E Saratoga St

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Sept 11th 1881

Undertaker, Elisha Cox

Place of Business, 848 & 850 Bank St *Address,* 198 Broadway

E J Ray *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Weber

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 62 N. Eutaw St.

Cause of Death, { First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept. 30th 1881

Undertaker, Thos. J. Hughes

Place of Business, 60 E Baltimore *Address*

Fred. Hoffs. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 51113

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do, under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Todd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 290 Hoffman

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 10

Undertaker, C H Bigley and

Place of Business, Cor Penna ave & Dolphin st

J G Miller *M.D.,*

Medical Attendant.

Address, 89 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 51114

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
SEP 10
1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hosset Ann Marina Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* 3 *Days.*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 32 Jenkins al.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 9th 1881

G. Lane Taneyhill M.D.,
Medical Attendant.

Undertaker, Thos F Scrivener

Place of Business, ... *Address,* 729 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 51115

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Mayer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. (20 yrs in U.S.)

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 232 S. Sharp St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemitry

Date of Burial, Sept 11th

Undertaker, Henry Brice

Place of Business, Hanover St 81

P. J. N. Tall, M.D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, September 7th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McLeod.

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} None.

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} N. cor. Holliday & Mount Sts,

Cause of Death, {First (Primary,) Phthisis Pulmonalis,

{Second (Immediate,) ——— } Three years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 10th 1891

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street

John. I. A. Knox M.D.

Medical Attendant.

Address, 253 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 5117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Grubb

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Booth St

Cause of Death, First, (Primary,) Acute Hydrocephalus

Second, (Immediate,)

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 9th 1881

Undertaker, Jos. H. Cook

Place of Business, No 707 W. Baltimore street

A. Adams M. D.
Medical Attendant.

Address, 5 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51118 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 M 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen OConnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number.} 42. North Gay St

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician. F.I.A

Place of Burial, Harlewood West

Date of Burial, Sept 11th 1881

Undertaker, Chas T Sevier

Place of Business, 2710 Eutaw St

Chas T. Michael M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2323 Paca [OVER.]

Board of Health, City of Baltimore,

Permit No. 51119 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Jamesonke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 0 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~the~~ ~~month~~ ~~since birth~~

Place of Death, {Give street and number.} 44 Rock St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept. 9th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St. *Address,* 361 Franklin St

F. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51120

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hutton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 97 Block st

Cause of Death, First, (Primary.)

Second, (Immediate.) Cynanche Trachralis (Croup)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept. 9th

Undertaker, H. Dieffenbach

Place of Business, S. Bond st. 15 *Address,* 217 S. Broadway

Nicholas L. Dutiell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5112 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Harold Phelps

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Coma

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 9. 1881

Undertaker, Jos Branigan

Place of Business, 516, Division St

Marbury Brewer M. D.,
Medical Attendant.

Address, 5 F McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/122 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* *Months,* about 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, House 1 day

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 9 1881

Undertaker, Jas Brannigan

Place of Business, 15 & Division St

Harbury Brewer M. D., Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57123 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 IC 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept- 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Rhyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 103 Duncans alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 103 Duncans alley

Cause of death, First, (Primary,) Tubercular Consumption

Second, (Immediate,) Hemorrhage of Lungs

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, Sept 9th 1881

Undertaker, Thos J Foster

Place of Business, 43 Jefferson St

Wm. L. Russell M. D.,
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51124 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethered Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 7 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Bolton alley

Cause of death, First, (Primary,) Mal Nutrition (Autopsied)

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 10th 1881

Undertaker, W. H. Bishop & Co

Place of Business, Druid Hill Ave

James H Kleinschmidt M. D.,

Medical Attendant

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by. B. Digges [OVER.]

Board of Health, City of Baltimore,

Permit No. 57125 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Gant (Mulatto)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 311 S. Howard St

Cause of death, First, (Primary,) Premature Birth (6 mos

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St. Cemetery

Date of Burial, Sept 9 1881

Undertaker, Geo W. Perkins

Place of Business, 130 Henrietta St

Thos A Glenn M. D.,

~~Medical Attendant.~~

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Drawn by Jno E. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51126

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Beck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hamburg / Germany

Duration of Residence in the City of Baltimore, Ten weeks

Place of Death, {Give street and number.} S W Cor Paca & Pratt Sts

Cause of Death, First, (Primary.) Prostration from heat

Second, (Immediate.) " "

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Sept 8/81

Date of Burial, Western Public Cemetery

Undertaker, Theo Aschmann

Place of Business, 50 S Carrollton Ave *Address,* Hel Se Stamp

S. A. Bell M.D.,
~~Medical Attendant.~~
Coroner 1st Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manuel L Pinto

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brazil Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Fayette St Barnum Building

Cause of Death {First, (Primary,) 2 years

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 10th 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 188 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane P. McDowell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Dont Know but Many Years

Place of Death, {Give street and number} 127 N. Howard St.

Cause of Death { First, (Primary,) Ordinary Neglected Cold
, { Second, (Immediate,) Phthisis Pulmonalis 4 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, Sept 10th 1881

Jos. E. Clagett M. D.
Medical Attendant.

Undertaker, Mr. Elizabeth McDowell

Place of Business, 127 N. Howard *Address,* 36 S. Eutaw St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Mrs. McDowell is totally unable from ill bodily [illegible] to [illegible] This woman J. E. Clagett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 37129

Board of Health, City of Baltimore,

Permit No. 37129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named, (Father & Mother Daniel & Alice Hoakaday)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* few hours *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 105 Columbia Ave

Cause of Death {First, (Primary,) Imperfect closure of Foramen Ovale

{Second, (Immediate,)

Duration of last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 9th 1881

Undertaker, John Meacher

Place of Business, Decar Conduit

I. H. Quinby M. D.
Medical Attendant.

Address, 76 Pacca St

Extract from Regulations of the Board of ~~Health~~ to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51130 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

Date of Death, September 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melinda Ford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number.} 10 N Paca

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 10th 1881

Undertaker, Wm L Mackey

Place of Business, Paca & Camden

Jno F Hall *M. D.,*
Medical Attendant.

Address, 108 W Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/131 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1891 BALTIMORE

Date of Death, September 8th, 8 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bury

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 year

Place of Death, {Give street and number.} #122 Scott Street

Cause of death, First, (Primary,) —

Second, (Immediate,) old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, H. A. Jonas Lot

Date of Burial, Sept 10th 1891

Undertaker, John Slbacher

Place of Business, 150 Camden

William H. Geddes M. D.,
Medical Attendant.

Address, N.E. Cor. Columbia Ave & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57132 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

Date of Death, 8th September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Malinda McCoy.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty three (23) *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Wife of Wm Dan'l McCoy.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 234 S. Paca St. Baltimore

Cause of Death, First, (Primary.) Typhoid fever.

Second, (Immediate.) Typhoid Condition.

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cety

Date of Burial, Sept 10th 1881

Undertaker, John Thacher

Place of Business, Paca & Camden Address, 47 Franklin St.

McCreary Gibbons M.D.,
Medical Attendant.
For Dr Clement Cunliffe

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51133 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brown

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 269 S. Wolfe

Cause of Death, First, (Primary.) Apoplexia cerebri

Second, (Immediate.) Atheroma

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 10th '81

Undertaker, Fr. Fyance

Place of Business, No. 280 Canton *Address,* 269 S. Wolfe st

J. Mathis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Stupka

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number.} Cor. Hanover & Lancaster Sts.

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 9th 81

Undertaker, M. Frana

Place of Business, 280 Eastern Ave *Address,* 94 S. Broadway.

A. F. Emich, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE

Date of Death, Sept. 7 — 1885

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Fortenbaugh

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 S. Exeter St

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 9 th 85

Undertaker, M. Brown

Place of Business, 20 E Eutaw cor Lee

Wm. P. Bales M. D.
Medical Attendant.

Address, 112 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 57136

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Liz Wilson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 68 East St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leonil Cemetery

Date of Burial, Sept 9 1881

Undertaker, William N Longue

Place of Business, No 62 East Street

D. H Coffman M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superinteuding the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 31137

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert H. Brady

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 388 Washington St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 12 Years

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, 11 Sept

Undertaker, Mrs Hitch

Place of Business, Canal St

E. B. Tarbutton M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. BULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51138

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 Sept. 1891.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Catharine Lang

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 7a Years, — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Storekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany - Hesse Darmstadt

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number } 115 S. Patterson Park ave

Cause of Death, First, (Primary,) Congestive Chill, - occurring in an aged & by weak person.

Second, (Immediate,) Congestion Cerebri & Cardiac Failure

Duration of last Sickness, Possibly 6 days, - Febris Remittans

All the above information should be furnished by the Physician.

Place of Burial, Bells Lane

Date of Burial, Sept 11th 1891

B. F. Leonard M. D.
Medical Attendant.

Undertaker, Henry Saunder

Place of Business, 202 Eastern ave *Address,* 314 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 51139 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Riest

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 171 Harford ave

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 10th 1881

Undertaker, Henry Hook

Place of Business, —

James A Steuart M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Blank by J. P. Smith [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Reilly

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 47 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stone Mason

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and number. } 218 Hanford av

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.) Cerebral Congestion (Coma)

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral Cemetery

Date of Burial, Sept 10th 1881

Undertaker, James D Byrne

Place of Business, Nº 63 N Front St

E Hall Rutledge M.D.,
Medical Attendant.

Address, 157 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51141

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah White –

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bermuda

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 33 N. Stricker St.

Cause of Death, First, (Primary.) Perityphlitis.

Second, (Immediate.) Abcess. Sinking in Peritoneal Cavity.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 11th 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J. W. Nock M.D.,
Medical Attendant.

Address, 73 E. Balt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 87142 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Longadro

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 14th Cor. Fough and Carlton Sts.

Cause of death, First, (Primary,) Bronchitis - Acute & Broncheal Catarrh - 6 days.

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Septem 10 1891

Undertaker, John Heneay

Place of Business, 882 Orleans St *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51143

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Smack

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 571 Fremont Av

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 11th 1881

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

A. J. Hunt *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen C Conner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 164 E. Pratt St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paths Cemetery

Date of Burial, Sept 10th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

R W Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Kate Hennun

~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 7 *Months,* 12 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md. USA.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 115 Eastern avenue

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager Lot

Date of Burial, Sept 10

Undertaker, Wendell Dizzell

Place of Business. Bond 157

Geo. W. Hamill, M. D.
Medical Attendant.

Address 139 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of ~~Births~~ Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

~~Penalty~~

[OVER.]

Board of Health, City of Baltimore.

Permit No. 37146 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McWilliams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, ...

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number.} Foot of Cross

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 10th 1891

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. J. Ellis, M. D., Medical Attendant.

Address, 31 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Estaler Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colard

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washing & Ironing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington County Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 109 Orchard St Baltimore Md

Cause of Death, First, (Primary.) Typhus Fever

Second, (Immediate.) Typhus Malition

Duration of Last Sickness, 4 Week

All the above information should be furnished by the Physician.

Place of Burial, No 99 Druid Hill Ave

Date of Burial, September 10 1881

Undertaker, William H Bishop

Place of Business, Laurel Cemetery

P H Crut C *M.D.,*

Medical Attendant.

Address, No 36 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57148

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Hahn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 183 W Lombard St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Septbr 10, 81

James Foley *M.D.,*

Medical Attendant.

{ *Undertaker,* Philip J. Dill

{ *Place of Business,* 183 Columbia St *Address,* 319 Hanover

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57149

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Cuper

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Orleans St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, ab. 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Sept 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount ave

Hoffmann M.D.,
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 29 *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 552 E Fayette St.

Cause of Death, First, (Primary.) Brain disease

Second, (Immediate.)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Sept 11th 1881

Undertaker, Wm Silan

Place of Business, 161 Gough St

A R Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5115 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 1 5 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis R. Nicholson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 2 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 690 N. Lombard St.

Cause of Death First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of last Sickness, About 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept. 11th 1881

Undertaker, Mault & Shields.

Place of Business, 60 N. Carrollton Ave

J. H. White. M. D.
Medical Attendant.

Address, 79 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Sullivan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Seventeen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number} 129 Cross Street

Cause of Death { First, (Primary,) Cholera Infantum / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sun Sept 11 9 am

Undertaker, Wm Armstrong & Bro

Place of Business, Cor Monument & Eden

Robert S. Rowe M. D.
Medical Attendant.

Address, 923 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51153 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Matthews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 65 Jarrel alley

Cause of death, First, (Primary,)

Second, (Immediate,) Disease of the Heart

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 10th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* 25 Franklin

C H Latrobe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 1151 *Office of Registrar of Vital Statistics.* Ward 13th 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 8 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Harmony Lane

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11th 1881

Undertaker, P Kennedy

Place of Business, Mulberry St

James A Clements M. D.,
Medical Attendant.

Address, Comm of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Jos. V. Fitzpatrick [Clerk.]

Board of Health, City of Baltimore,

Permit No. 57155

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie L. Ridout

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Orchard St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11 1881

Undertaker, Wemsley & Webber

Place of Business, 116 Orchard St

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57156

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 10 Bolton St.

Cause of Death, First, (Primary.) General Paralysis.

Second, (Immediate.)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 11th

Undertaker, W. H. Bishop & Son

Place of Business, Druid Hill Ave

G Lane Tanneyhill M.D.,

Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Konig

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Fayette st.

Cause of Death First, (Primary.) Spurious Hydrocephalus

Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 10 1881

Undertaker, M. Frame

Place of Business, 280 Eastern Ave

J. H. Ellenberg M. D.
Medical Attendant.

Address, 369 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF ~~DEATH~~

Date of Death, Sept. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna. Gormley.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer. Read. Can't write

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland. 1 year

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 11 Valley St.

Cause of Death, First, (Primary.) Malarial Fever.

Second, (Immediate.) Congestion of Brain & Convulsions.

Duration of Last Sickness, 13 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 10th 1881

Undertaker, James P. Byrne

Place of Business, N. Front St.

Edward J. McDevitt M.D.,

Medical Attendant.

Address, 169 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 51159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCoy,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 72 Sharp St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 Sept. 81

R. J. N. Tull *M.D.,*
Medical Attendant.

Undertaker, B. Hark

Place of Business, 82 West St *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie T Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 1 1/2 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maternity Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal- Nutrition

Second, (Immediate,) Summer Diarrhoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 10

C. F. Brune M. D.
Medical Attendant.

Undertaker, C W Blizzard

Place of Business, 201 E Pratt *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fickburn Davis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sep. 10

Undertaker, C. & R. Lazenby

Place of Business, 201 Penna Ave *Address,*

C. F. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51162

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Busick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 232 N Central av

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) do Convulsion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem

Date of Burial, Sept 11th 1881

W. H. Hammond M. D.
Medical Attendant.

Undertaker, Wm Hackman

Place of Business, 234 N. Gay St.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37163 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie McElroy Gorman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 650 N Fayette St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Sept 12th 1881

Undertaker, Henry Mitchell

Place of Business, 550 W Fayette St

W Keller Lee M. D.,
Medical Attendant.

Address, 5 N Eutaw St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Over 15 years

Place of Death, {Give street and number.} 620 N. Fayette St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) about 7 weeks

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St

Date of Burial, Sept 10th 1881

Undertaker, Denny & Mitchell,

Place of Business, 550 W Fayette St *Address,* 582 N. Fayette

J. McCannell M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie M. Kalal

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 40 Durham St.

Cause of Death { First, (Primary,) Chronic Malaria
Second, (Immediate,) Marasmus

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetri

Date of Burial, Sept ember 10 1881

J. H. Ellenberg M. D.
Medical Attendant.

Undertaker, John Heneage

Place of Business, 582 Orleans St *Address,* 369 E. Baltimore St.

Extract From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1 1 6 6

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Umbach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months,* 20 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hesse, Germany.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} 120 S. Bond St.

Cause of Death, First, (Primary.) Old age.

Second, (Immediate.)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept. 11th 1881

A. F. Emich M.D.,
Medical Attendant.

Undertaker, Henry Sauter.

Place of Business, 252 Canton Ave *Address,* 94 S Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 57167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Davis

~~*Sex, Male* or *Female*,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Scotland~~ Ireland

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number.} 67 Booth St Baltimore

Cause of Death, First, (Primary.) Cardiac Dropsy

Second, (Immediate.)

Duration of Last Sickness, 8 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept [redacted]

Undertaker, J B Cook

Place of Business, 707 N. Baltimore St

Wm B Canfield M.D.,
Medical Attendant.

Address, Bald Grand Depot

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51168 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 11 1881 BALTIMORE

Date of Death, Sept 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Gallagher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} N. W. Cor Lemmon & Amity Sts

Cause of death, First, (Primary,) .....

Second, (Immediate,) Congestion of Liver

Duration of Last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 11

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 38 W. Lombard St

H. L. Shaw M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51169

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mildred Lee Smith

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balt. md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 443 Central Ave

Cause of Death, First, (Primary,) Infantile Paralysis

Second, (Immediate,) Extension to fauces

Duration of last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 12th

Undertaker, Geo Schilling

Place of Business,

Thos S Latimer M. D.
Medical Attendant.

Address, 187 N. Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. KELLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57170

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Pefferman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~*Married,* *Single,* *Widow* or *Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 270 Ann st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, Sept 11th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Thomas B. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

...act from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

...ECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...me can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57171 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Shea

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 342 Mulberry

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 11 1881

Undertaker, Lan P Byrne

Place of Business, Fronbt

H F Hill M. D.,
Medical Attendant.

Address, 361 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51172

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie Muse

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 43 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower;*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Holland

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, { Give street and number. } 80 Pearl St

Cause of Death, { First, (Primary.) Cancer Stomach / Second, (Immediate.)

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew cemetery

Date of Burial, Sept 11th 1881

{ *Undertaker,* Joseph B Cook

{ *Place of Business,* 707 West Baltimore

H. Senseal M.D.,
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51173

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Clark

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queenstown Ireland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, { Give street and number } 65 James Alley

Cause of Death, First, (Primary,) /

Second, (Immediate,) Consumption

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 12th 1881

Undertaker, C. F. Krause

Place of Business,

Ellis Mohun M. D.
Medical Attendant.

Address, 151 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51174 *Office of Registrar of Vital Statistics.* **Ward** 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Allen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 63 S. Ballad St.

Cause of death, First, (Primary,) Cancer Breast

Second, (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Belmont Cem

Date of Burial, Sept 11th 1881

Undertaker, J. J. Lusby

Place of Business, 78 Hanover St

James A. Steuart M. D.,

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. E. Gaylor, A. S. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51175

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1881 BALTIMORE.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lad Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, (Colored)

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 31 Short St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Asbury

Date of Burial, Sept 11th 1881

Undertaker, J. C. Locke

Place of Business, 13 Jefferson St *Address,* No 19 Ansgarth St

David Powell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5176

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1891 BALTIMORE

Date of Death, Sept 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Marcd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months.* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Mo

Place of Death, {Give street and number.} 72 East ave,

Cause of death, First, (Primary,) Child birth

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Sepulchre Cemetery

Date of Burial, September 4th 91

Undertaker, B. Karl

Place of Business, 422 West St

A. M. Price M. D.,

Medical Attendant.

Address, 36 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 51177 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Saunder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } County

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 2 Hillen

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, Sept 17 12

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5118 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Frank

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, —— *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto V

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Bunting Lane

Cause of death, First, (Primary,) Jaundice

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 13th 1881

Undertaker, Peter Kramer

Place of Business, Mulberry &c

H F Hill M. D., Medical Attendant.

Address, 3617 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51179 *Office of Registrar of Vital Statistics.* Ward E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

Date of Death, 10th. September 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederik Heyen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Durham street 253.

Cause of death, First, (Primary,) Croup.

Second, (Immediate,)

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 12 Sept 1881

Undertaker, John C. Schuck

Place of Business, 265 Aisquith

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe street 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 07100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/1811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Bantum

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} # S. Duncan Ct. City

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 11th 1881

E. J. Bons *M. D.*
Medical Attendant.

Undertaker, Meales & White

Place of Business, 33 Grant st *Address,* # 373 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Baltimore Sept. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washer & Ironer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number} No 49 Bruce St

Cause of Death { First, (Primary,) Hernia
Second, (Immediate,) Strangulated

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Street [illegible] County

Date of Burial, Sept 11 [illegible]

{ *Undertaker,* [illegible]
{ *Place of Business,* No 10 Station

P. S. Fiele *M. D.*
Medical Attendant.

Address, No 10 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 Sept. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Johns

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 20 Jobs Row near Broadway.

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Asphyxia

Duration of last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 12th Sept 1881

Undertaker, Chas Lewis

Place of Business, Forest Pl

B. F. Leonard, M. D.
Medical Attendant.

Address 214 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara V. Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Eleven *Months,* ... *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Tyson St.

Cause of Death, First (Primary,) Pertussis during Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Poorly about one Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem.

Date of Burial, Sept 11 81

Undertaker, Wm P. Jones

Place of Business, 162 East St

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 51184

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 51184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie B. Garrison

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland all its life

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 50 N Arlington Avenue

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday Sept. 12th 1881

Undertaker, S. M. Leonard & Son

Place of Business, 782 W Balto. St.

Dr. Dimmitt Norris M. D.
Medical Attendant.

Address, 561 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51185 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Riordon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 115 E Eager St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 11th 1881

Undertaker, H. C. Middefeld

Place of Business, 90 Greenmount Ave *Address,*

Wm Wilmer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51186 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thomas Warnick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3. *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 157 S. Eden st,

Cause of death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Trinity M. E. Cem.

Date of Burial, Sept 11th 81

Undertaker, Michael Trunk

Place of Business, No 35 Bank

K O Underwood M. D.,
Medical Attendant.

Address, 125 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51187 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday September 9- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Carter.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* 27 *Days.*

Color, Colored -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 213 N. Dunbarton St.

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Apnoea -

Duration of Last Sickness, 4 Days -

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11 - 1881

Undertaker, Hamden & Madden

Place of Business, #116 Orchard St

Geo. H. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ava L. Perry

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, Twenty five *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester Md.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number } No. 692 W. Balt. Street

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) }

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 12

Chas. H. Yeats *M. D.*
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore *Address,* 306 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51185

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1881

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Manning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Inone

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Born in Baltimore and lived with parents

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Chesapeake & O'Donnell Sts

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Sept. 11 1881

Undertaker, Henry Sanders

Place of Business, 1 Canton Ave

E. Jones Williams M.D.,
Medical Attendant.

Address, 17 Patapsco St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51190

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

Date of Death, Sept 10 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Boyd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 Years, *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 253 S. Broadway

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, 12 Sept. 1881

Undertaker, M. Clarke & Sons

Place of Business, #64 E. Balto St

Pierre L. Dausch M.D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Schola

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 39 Abbott St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.) Marasmus

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 11 "

Undertaker, M. Fraser

Place of Business, 280 Canton Ave

A. F. Enich M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51192

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Kilpatrick

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 28 *Years,* 3 *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Lex Laceration

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 11th 1881

Undertaker, Peter Kummerle

Place of Business, Mulberry St

H. J. Laciar M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51193 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 10, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M Shadewald

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } boy Gay St

Cause of death, First, (Primary,) Scrofula Pulmonalis

Second, (Immediate,) Cancer of the Rectum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th September

Undertaker, Adam Fink

Place of Business, 461 E Gay St

W. W. White, *M. D.,*

Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51154 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria McCann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 49 N. Bond St.

Cause of death, First, (Primary,) Cholera Morbus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, September 11th 1881

Undertaker, M. A. Taylor

Place of Business, 140 E. Baltimore Address, 299 E. Baltimore St.

James E. Hamilton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5195 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

5195

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Hamilton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Milliner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London Va

Duration of Residence in the City of Baltimore, Abt 5 years

Place of Death, {Give street and number.} 252 Lexington st

Cause of death, First, (Primary,) Tuberculosis Dysentery

Second, (Immediate,) & Exhaustion

Duration of Last Sickness, Months Complaining

All the above information should be furnished by the Physician.

Place of Burial, London Va

Date of Burial, Sept 13 / 81

Undertaker, Tabor

Place of Business, 707 N Balto St

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~births and deaths of~~ illegitimate children. [OVER.]

14 5 195

—OF—

CERTIFICATE OF DEATH.

(To Be Retained by Physician.)

Date of Death, Sept 11 81

Name of Deceased, Sylvia A Hamilton

Sex, ~~Male or~~ *Female,*

Age, 31 yrs

Color, white

Occupation, Nursing

Birthplace, Londonderry

Duration of Residence in B. C. about 6 mos

Place of Death, 252 Lancaster

Cause of Death, { First, (Primary,) Tuberculosis of the lungs
Second, (Immediate,) Exhaustion

Duration of Last Sickness, months Consumptive

REMARKS:

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 5196 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 203 Hudson St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningeal Hiscliff

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 12. 1881

Undertaker, E A Earnest

Place of Business, 38 Exeter St

G. G. Lusk M. D.,

Medical Attendant.

Address, Balt. & Washington

HEALTH DEPARTMENT SEP 11 1881 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51197

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. McNeill

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* 3 *Months,* 22 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, No occupation

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 16 E. Cov. Lane and Baltimore

Cause of Death, First, (Primary.) Pthisis

Second, (Immediate.) Pthisis

Duration of Last Sickness, Two years and two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 12th 1881

Undertaker, Chas J Scriven

Place of Business, 2718 Eutaw St

Amanda E. Ruby, **M.D.,**
Medical Attendant.

Address, 27 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes E. Johnston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *Widower,* {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 Valley st.

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 17th

Undertaker, H. C. Weisfield

Place of Business, 94 Greenmount Ave

Wm. Brooke Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6114

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisie Sacks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, X *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 62 N. Washington St.

Cause of Death, First, (Primary,) Chelsea Infantum

Second, (Immediate,) Prostration

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, 12th of September

E. J. Jones *M. D.*
Medical Attendant.

Undertaker, Ambrose Koelle

Place of Business, 214 E. Lombard *Address,* 372 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 / 2 0 6 /

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Brown Stein

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Pipetown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Gravel alley

Cause of Death, First (Primary,) Fright / Second (Immediate,) Placenta Previa

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12 1881

Undertaker, Geo J Locke

Place of Business, 173 Jefferson

J. J. Winn, M. D.
Medical Attendant.

Address 127 St. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 11 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Mar Walker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 6 *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 6 y 3 mo 5 da

Place of Death, {Give street and number} 157 N Eutaw St

Cause of Death { First, (Primary,) Cancer Stomach
Second, (Immediate,) Typhoid Malarial fever

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Thursday Sept 12 1884

Undertaker, John H. Horn & Co

Place of Business, #22 N. Fay St

H. A. Gillis M. D.
Medical Attendant.

Address, 157 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 5/202

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 487 E. Monument St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) "

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Septem 12 1881

E. J. Byrns *M. D.*
Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Eutaw St.

Address, 374 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51203

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ... 11 ....., 1 .....

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Point Somerset

Date of Burial, September 13.

..... *M.D.,*
Medical Attendant.

Undertaker. Esh. Schenkel

Place of Business, 214 Eastern Ave. *Address,* .....

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Berg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 341 Stricker st

Cause of Death, First (Primary,) ....

Second (Immediate,) Malarial Fever & Teething

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 12th 1881

Medical Attendant. M. D.

Undertaker, Clinton Heidemeyer

Place of Business, 518 W. Baltimore St.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51205 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Nettinger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 231 Hall St.

Cause of death, First, (Primary,) Convulsions during period of Dentition

Second, (Immediate,)

Duration of Last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park 12 Sept 91

Date of Burial, Sept 12th 1891

Undertaker, P. Kinnamon

Place of Business, 317 Lanvale St *Address,* Chas. Holyday M. D., Medical Attendant. Carroll P.O. Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5 / 206 *Office of Registrar of Vital Statistics.* Ward 7 / 11 / 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pinter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bahamia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 13 Barnes

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 12th 1881

Undertaker, Adam Fink

Place of Business, N. Gay St.

James A Steuart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - I. P. Smith

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wood

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 47 Hamilton St

Cause of Death, {First (Primary,) Second (Immediate,)} Typhoid Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 14th 1881

Theodore Cook M. D.
Medical Attendant.

Undertaker, B. Harle

Place of Business, 82 West St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabina Krantz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 10 *Months,* 6 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 346 A. Chews.

Cause of Death, First (Primary,) old Hernia

Second (Immediate,) Strangulated Hernia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 12th

Theodore Dietz M.D.
Medical Attendant.

Undertaker, B. Starke

Place of Business, 82 West St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 12 1881 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } E. E. Cox

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 W Lexington

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate.) Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 13th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

J. Hall Pleasants *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57211

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep: 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyprus Dickson D. D.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or Country and how long in the United States, if of foreign birth.} "North East" Erie Co. Pa.

Duration of Residence in the City of Baltimore, 11 months 10 days

Place of Death, {Give street and number.} No. 2 McDonough St

Cause of Death, First, (Primary.) Softening of the Brain

Second, (Immediate.) " "

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 14, 1881

Undertaker, J. Cooley & Son

Place of Business, 41 Hanover St

H. H. Nelson M.D.,

" Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51211

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 179 S. Wolfe St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Peritonitis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Sept 12th 1881

Undertaker, Geo J Locke

Place of Business, 173 Jefferson St

Nicholas L. Bathis M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5/212 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Metzel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany — 10 Years —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Near Elevator B. Locust Point

Cause of Death, First, (Primary.) Accidentally run over by —

Second, (Immediate) Freight train — B. & O. R.R. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Burial Ground

Date of Burial, Sept 12th 1881

Undertaker, Henry Sander —

Place of Business, 120 Caton Av.

Dr. Bell M.D.,

Medical Attendant.

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51213

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sep. 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35. *Years,* *Months,* *Days.*

Color, Clc

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 42 Tyson

Cause of Death, First, (Primary.) Consumption of lungs

Second, (Immediate.)

Duration of Last Sickness, 2 year

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Sept 22nd 1881

Undertaker, Edward Selby

Place of Business, Reisterstown

G Lane Tanyhill M.D.,

Medical Attendant.

Address, 129 N Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2325 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Spangenberg

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Four *Years,* Four *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 398 West Lombard St

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) & Pneumonia

Duration of last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Sept 13th

Drs. Fox & Miller M. D.
Medical Attendant.

Undertaker, D. Wilgand

Place of Business, 166 Druid Hill Ave *Address,* 467 W Fayette St & Mount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 5/215 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Fischer

Sex, ~~Male~~ or Female, {Cross out the word not requ'red in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 14 Clement

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, September 12

Undertaker, B. Hasle

Place of Business, 82 West St.

R. H. P. Ellis M. D.,

Medical Attendant.

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena & Henry Hamel (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 hours *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 190 Dewberry Alley

Cause of Death, First, (Primary,) Can't Say as Died before Child

Second, (Immediate,) Parents States it was an 8 months baby

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, ~~Druid Hill~~ Lutheran

Date of Burial, Sept. 13th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Chas. H. Jeff M. D.
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 5/217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First, (Primary.) Embolus of Brain occurring

Second, (Immediate.) 7 days after Surgical Operation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th 1881

Undertaker, Stewart & Mourer

Place of Business, 35 Park ave

J H Scarff M.D.,
Medical Attendant.

Address, 4 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1881. 4 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pelagija Dau of Theophilus Kowalski 2

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 29 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 105 Holmes St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) During Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Sept 13 "

A L Shertzer Md M.D.,
Medical Attendant.

Undertaker, Jn. Frank

Place of Business, No 282 Canton Ave *Address,* 11 S Howard St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51219

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hodges

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 334 East Av.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 14th 81

Undertaker, M. France

Place of Business, 280 Canton ave.

R. M. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/220

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 35 Fountain Street

Cause of Death, First, (Primary.) Accident

Second, (Immediate.) Concussion of Brain; Convulsions

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 14 th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

Chas M Morfit M.D.,

Corner E & ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th Sept 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Marcella Burns

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth)} Catonsville

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 16 Stockton Alley

Cause of Death First, (Primary,) Whooping Cough & Measles

Second, (Immediate,) Inanition

Duration of last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Catonsville

Date of Burial, Sept 13

Undertaker, William F. Burns

Place of Business, 62 East Pl

P. V. Benson *M. D.*
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 54 Druid

Cause of Death { First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 13

Undertaker, William A Dugan

Place of Business, 62 East St

R. K. Thos M. D.

Medical Attendant.

Address, 534 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SEC. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to make a Certificate setting forth, in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Rollins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs 9 mos

Place of Death, { Give street and number } 70 Baltimore

Cause of Death { First, (Primary,) Meningitis

Second, (Immediate,) one month

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13 1881

Undertaker,

Place of Business,

J. A. Riccins M. D.
Medical Attendant.

Address, 150 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Franklin Gipson (Gipson)

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Lambert St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Sept 13 1881

Undertaker, C W Chase

Place of Business, 98 Howard St

H Blair M.D.
Medical Attendant.

Address, No 16 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51225

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11 Aristocrat

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francisco [redacted]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Russian

Duration of Residence in the City of Baltimore, 4 Months.

Place of Death, { Give street and number. } 65 Aisquith St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 12

Undertaker, Randall Dwyer

Place of Business, 8 Bond St. *Address,* 71 Eden bet Bond & Wolfe

John A Schultz, **M.D.,**
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51226

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 13 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harden Segelken

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* 14 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 24 Fells St.

Cause of Death { First, (Primary,) Bright's disease
Second, (Immediate,) asthenia

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 15 Sept 1881

Dr. Dutton M. D.
Medical Attendant.

Undertaker, John L. Cluck

Place of Business, 408 Aliceanna Address, 137 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Wilson

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.*

Color, B *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Biddle alley East Colitid

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13 1881

Undertaker, Hendrix & Maddox

Place of Business, 160 Orleans St

William Lee M. D.
Medical Attendant.

Address Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5 / 2 2 8

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Müller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 13 Ray St near Eager (Race)

Cause of Death, First, (Primary.) Diphtheria Malignia

Second, (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th

Undertaker, Henry Brick

Place of Business, Hanover St. 81

C. L. Buddenbrock M.D.,

Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51229 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad H. Lenz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 19 E. Pond St.

Cause of death, First, (Primary,) Cerebral Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 15th 1881

Undertaker, Danny & Mitchell

Place of Business, 65 S Broadway

James E. Smith M. D., Medical Attendant.

Address, 199 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Rudiger

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Washington & John Sts.

Cause of Death { First, (Primary,) Diphtheritic Croup
Second, (Immediate,) Apnoea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th

{ *Undertaker,* George Schilling
Place of Business, Oakland Square

Irving Miller M.D.
Medical Attendant.

Address, 1792 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Holliday

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Nine *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widowed~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South River Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number} No. 100 Biddle St.

Cause of Death { First, (Primary,) Consumption / Second, (Immediate,) Prostration

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 13th 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph D. Corman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 168 Hanover st corner Eden

Cause of Death, First (Primary,) Hypertrophy of the Heart disease of

Second (Immediate,) Dropsy & Congestion of Liver & Kidneys

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physicinn.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 14th 1881

Theodore Cotta M. D.
Medical Attendant.

Undertaker, John D Mackin

Place of Business, Paca & Camden *Address* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M McKinney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Dorchester St

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.)

Duration of Last Sickness, all of Sept

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Sept 13th 1881

Undertaker, Wm Shannon & Son

Place of Business, 326 Lanvale St

M J. Howell *M.D.,*
Medical Attendant.

Address, Corner Pratt & Eastern Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51234

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other~~ person superintending the burial, within *twenty-four hours* after the ~~death of said~~ deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sept. 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie S. Bransby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 N. Caroline Stuet

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cimerty

Date of Burial, 15 Sept 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. gayst

G. L. Wilkins M.D.,

Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57235 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gettmans

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1/2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 223 Lanvale ave

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Sept 13th 1881

Undertaker, John Booker

Place of Business, Canton Ave

James A Steuart M. D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over]

Board of Health, City of Baltimore,

Permit No. 51236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Vincent Galvagy

~~Sex~~, *Male or* ~~Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, About 60 Years

Place of Death, { Give street and number. } 83 S. Monte St

Cause of Death, First, (Primary.) A Fall down Stairs

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, about ~~8 days~~

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 3

Undertaker, L B Cook

Place of Business, 707 West Baltimore

W. R. McShane M.D.,

Medical Attendant.

Address, 582 W. Hoffman St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57237 *Office of Registrar of Vital Statistics.* Ward 7th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Barry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 124 Sterling St

Cause of death, First, (Primary,) Gastro Enteritis

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 13th 1881

Undertaker, Wm H. Hallman

Place of Business, No 234 W Jay St

of Wm. E. Reese M. D.,

Medical Attendant.

Address, Broadway & Fredrick St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51238

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Haney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Steamboat Captain -

Birthplace, {State or Country and how long in the United States. if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 148 Jefferson St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemmhage from the Lungs

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 13th 1881

L. M. Hook M.D.,
Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 74 S. Broadway *Address,* 95 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jenken

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 234 Baltimore

Cause of Death, First (Primary,) Stoppage of Urine Cornmin Cholera

Second (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, September 19

Medical Attendant. M. D.

Undertaker, B Myhill

Place of Business, 82 West St.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 512-40 *Office of Registrar of Vital Statistics.* Ward 17-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Ray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months.* *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irish

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and number.} 743 Saratoga

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Summer Complt

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 13

Undertaker, B. Hurle

Place of Business, 82 West M

R W Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5124[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5124[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Wats[illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Seventeen *Months,* Seven *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} #660 St Charles st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 15th 1881

[illegible] M. D.
Medical Attendant.

Undertaker, Julius Kachler

Place of Business, Sharp & Broad *Address,* 221 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 11th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wehner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 52 Somerset St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mc Henry Cy

Date of Burial, Sept 13 1891

Undertaker, H. Forde

Place of Business, 319 N. Central

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5724/3 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Richl Sinc's

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* 11 *Months,* 5 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Junk Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty yrs.

Place of Death, {Give street and number.} 6 N. Caroline St.

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) Obstruction

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 14 1881

Undertaker, Henry Lacy

Place of Business, 30 Central Ave *Address,* Balto

G. G. Link *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51244

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4.50 A.M. Sept. 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Alexander Singleton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* Ten (10) *Months,* Nineteen (19) *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cor. Lex. and Schroeder Sts

Duration of Residence in the City of Baltimore, Ten Months & Nineteen days

Place of Death, {Give street and number.} Cor Lex & Schroeder Sts.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion from Inanition

Duration of Last Sickness, Eleven Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 15th 1881

Undertaker, J. Slaughter

Place of Business,

John Davis Hartley *M.D.,*
Medical Attendant.

Address, 380 W. Baltimore St. Balto. Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fiske

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, [illegible] *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S.E. Cor Pine Church or Wyoming Sts

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 15th September

Undertaker, A. Rosenberger

Place of Business, No 20 Mulberry St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/246

The Physician who attended any person in ~~a last illness~~ is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kilmar

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 532 Saratoga st.

Cause of Death, First, (Primary,) Cholera Infant

Second, (Immediate,) ~~4 Weeks~~ "

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, September 14th

Undertaker, Ernst Schloman

Place of Business, 200 Sharp

J. Shaw Pennington M. D.
Medical Attendant.

Address, 134 N Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 30247 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person ~~in a last illness, is responsible for~~ the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Porter

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 887 W. Lombard St.

Cause of death, First, (Primary,) Metritis

Second, (Immediate,)

Duration of Last Sickness, ~~Chronic~~ (9) Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 14th 1881

Undertaker, Geo R Cook

Place of Business, No 707 N Baltimore st *Address,* 887 W. Lombard St.

H. L. Spear M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Called to the Following

Board of Health, City of Baltimore,

Permit No. 5128 *Office of Registrar of Vital Statistics.* Ward 1st 4

The Physician who attended any person in a ~~last illness, is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rourke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Co. Roscommon, Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 84 Luzerne St.

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,) Uremia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick - Cemetery

Date of Burial, Sept 14 1881

Undertaker, M. F. Curran

Place of Business, 53 S Broadway

J. L. Mitchell M. D.,
Medical Attendant.

Address, 76 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51249

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Irvine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 341 S. Bond St.

Cause of death, First, (Primary,) Chronic Croup,

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. County.

Date of Burial, Sept. 14 1881

Undertaker, Henry Saunders.

Place of Business, 22 Caroline Ave.

H. H. Lusk M. D.,

Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the ...

Board of Health, City of Baltimore,

Permit No. 51250

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 11th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Thos Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York City N. Y.

Duration of Residence in the City of Baltimore, About 6 months

Place of Death, {Give street and number.} Near Elevated R Locust Point

Cause of Death, First, (Primary.) Accidental, drowned

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Sept 14 1881

Undertaker, Henry Sumter

Place of Business, 52 Canton Ave.

~~C. A. Bell~~ *M.D.,*
Medical Attendant.
Coroner

Address, 161 Lee Stamp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51257 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catharine Bradenbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 313 Lafayette Ave

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept. 14. 1881

Undertaker, Jno. F. Loane

Place of Business, 654 W. Baltimore St.

H. F. Hill M. D.,

Medical Attendant.

Address, 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57252 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Keeny

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 2 S. Duncan st

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Sept 17

Undertaker, Wm. F. Lange

Place of Business, 62 East St

G. G. Lusk M. D.,
Medical Attendant.

Address, Balto & Bond Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of Septr 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louise Hardt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~X~~ *Years,* 8 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months & five days

Place of Death, {Give street and number.} 51 Desmond st

Cause of Death, First (Primary,) Pneumonia Lobularis

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, Sept 14/87

Undertaker, Dan'l Beattie *Address* 120 Paul st. Baltimore

Place of Business, 62½ W. Balt St

C. W. Heilmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51254

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Staenbrueck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 411 98 Fort Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, Sept. 14th 1881

J H Monath M.D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 205 W Lombard

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37255

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so to do,~~ under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Fields,

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* *Days.*

Color, White,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, All year,

Place of Death, {Give street and number.} 428 E Chase St,

Cause of Death, First, (Primary.) Gastro Enteritis,

Second, (Immediate) Exhaustion

Duration of Last Sickness, 4 Days,

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, Sept 15. 1881

Undertaker, John W Jackson

Place of Business, 528 N Gay St

J. F. Cayer, *M.D.,*
Medical Attendant.

Address, 133 N Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2326 Hanover

Board of Health, City of Baltimore,

Permit No. 57256 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ignatius Judge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 4 *Months,* *Days.*

Color, wht

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 142 W. Hoffman St

Cause of Death, First, (Primary.)

Second, (Immediate.) Inflammation of Brain.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 16th 1881

Undertaker, Chas T Scriven

Place of Business, 241 Eastern Av

G Lane Tanyhill M.D.,
Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians to ...

Board of Health, City of Baltimore,

Permit No. 57257 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh McNamee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co, Md

Duration of Residence in the City of Baltimore, about 2½ yrs

Place of Death, {Give street and number.} 277 Central ave

Cause of death, First, (Primary,) Lightheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Ct

Date of Burial, Sept 14 1881

Undertaker, Henry Hoole

Place of Business, 302 N. Central Ave

F. H. Varner M. D.,
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51258

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Stephans.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 Battery Ave.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 14th 81

Undertaker, Armstrong & Dunn

Place of Business, 263 Light St *Address,* 152 Shark St.

R. J. H. Tall *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
SEP 12
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Sept. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Vincent

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 86 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Retired

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 77 Year

Place of Death, {Give street and number.} 285 South Sharp St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Disease of Aorta Valve

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 15th 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

A. M. Dodge M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena Davis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mario Co. Balt:

Duration of Residence in the City of Baltimore, 29 mos

Place of Death, { Give street and number. } E Jenkins Al.

Cause of Death, { First (Primary,) Pertussis & Diarhoea / Second (Immediate,) Convulsions

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, near Shoop street

Date of Burial, September 15th 1881

J. Edwin Michael M. D.
Medical Attendant.

Undertaker, Chas A White

Place of Business, 35 Granby st *Address* 246 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12 th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belle J. Lee

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Essex County Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 101 Washington St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Brain Trouble

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 14 th

Francis A. Stevens *M. D.*
Medical Attendant.

{ *Undertaker,* Edmondson White
{ *Place of Business,* 35 E Lombard St *Address,* 101 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 51264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Hearn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 0 *Months,* *Days.*

Color, Light copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Fruit Porter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} No 22 Bigelow st

Cause of Death, First, (Primary.) Disease of the Heart

Second, (Immediate.) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Shark St Cemetery

Date of Burial, Sept 14th 1881

Undertaker, Wm Geo Gray

Place of Business, 68 Mulberry st

B F Baker **M.D.,**

Medical Attendant.

Address, Cor Paca & Lee

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physici[illegible] ...y invited to the Remarks Below, and ... Dis... on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE ... DEPARTMENT SEP 14 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1857

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gallagher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 659 Light

Cause of Death, {First (Primary,) ... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Septem. 15.

Theodore Bond M. D.
Medical Attendant.

Undertaker, B. Hartz

Place of Business, 42 West St *Address* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 512.64

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sept 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Trautwein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 49 Brinker—

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, I only saw her once, Seis to have been 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Cath Mathews

Date of Burial, Sep. 15 '81

Geo. B. Reynolds M.D.,
Medical Attendant.

Undertaker, Michael Runk

Place of Business, 183 Banks *Address,* Calvert & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace C. Mallonee.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} X X X

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 73 S Mount St

Cause of Death, First (Primary,) Inanition (child only weighed

Second (Immediate,) 10 lbs a month ago).

Duration of Last Sickness, never has been other than ailing

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet 6

Date of Burial, Sept 15. 1881

Undertaker, J. B. Blackistone

Place of Business, N 22 Lexington

W. F. Kemp M.D.

Medical Attendant.

Address, 56 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0 1 2 6 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 88 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Green

Sex, Male or Female, { cross out the word not required in this line. }

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, C.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 19 Booth St

Cause of Death, { First, (Primary,) ..... Phthisis Pulmonalis
Second, (Immediate,) ..... }

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Chas. H. Tull M. D.
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* 502 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51267

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 130 E Biddle St

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Septbr 15th 1881

Undertaker, Julius Hauch

Place of Business, 240 S. Bond St.

A P Clarke M.D.,
Medical Attendant.

Address, 137 E Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 51268

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche S. Conway

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 43 Hurst St. L. Point

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Belair. Ohio

Date of Burial, Pa. Balto & Ohio RR.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 57269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Coffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 48 Stockholm St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Spasm,

Duration of Last Sickness, One day.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, 15th September

Undertaker, J. S. Proctor

Place of Business, 150 Camden St. *Address,* 412 Cross St.

L. Shl. Wall M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane M. Foster & Addie Foster

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~75 E. Biddle St.~~ Baltimore City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} 75 E. Biddle St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 15th

A. G. Watson M. D.
Medical Attendant.

Undertaker, Andrew & Hodges *Address* 437 N. Central ave

Place of Business, 426 Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Clara Harman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 424 Cary St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary Co. F. Brune M. D.

Date of Burial, Sept 16 1881 Medical Attendant.

Undertaker, J E Haugh

Place of Business, ~~do~~ 320 Pennsylvania Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 57272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hasler (Haslam

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black smith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bal.

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and number.} New St Nr 11 Balt

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Sept 15th 1881

Undertaker, Wm. H. Hickman

Place of Business, 231 N. Gay St. *Address,*

O. H. Mahn *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 51293

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } Hanover near Locust Pl

Cause of Death, First, (Primary.) Drowned

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 15 1881

[illegible] M.D.,

Medical Attendant.

Undertaker, Ambrose Dempsey Corner

Place of Business, 263 Light St *Address,* [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51271

The Phygician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ann Rice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 5 *Months,* 17 *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 11 S Popleton St.

Cause of Death, {First (Primary.) Typhoid fever

{Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Frederick City Md

Date of Burial, Sept 16th 1891

H W Webner *M. D.*
Medical Attendant.

Undertaker, J W. Leonard & Son

Place of Business, 782 W Baltimore

Address 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully requested to the following

Board of Health, City of Baltimore.

Permit No. 51275 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th. September 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Conyanja

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3½ *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entry Life

Place of Death, {Give street and number.} Thames Street 51

Cause of death, First, (Primary,) Enterophthisis

Second, (Immediate,) .....

Duration of Last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 16th 81

Undertaker, M. O'Connor

Place of Business, 28 Canton Ave

William Hensel M. D.,
Medical Attendant.

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/276 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Herzin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #266 S. Ann St.

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Con

Date of Burial, Sept 16th 81

Undertaker, M. Franey } John H. Rehberger M. D.,

Place of Business, 280 Canton ave } *Address,* #243 Alice Anna St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Adolph Brumer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Five *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No Chester st near Hoffman st

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetri

Date of Burial, Sept 14th 1881

A. P. Gealer *M. D.*
Medical Attendant.

Undertaker, John Hanway

Place of Business, 582 Orleans St *Address,* 137 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Wilkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 295 McDonough

Cause of Death First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Friday 4 o'clock

Undertaker, Fry & Bro

Place of Business, Broadway

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 51279 *Office of Registrar of Vital Statistics.* Ward 5-15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie & George Tyler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 53 Jackson St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Jackson St

Cause of death, First, (Primary,) Premature Births

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 15th 1881

Undertaker, W. H. Hickman

Place of Business, ~~~ *Address,* Comm of Health

James A Steuart M. D., ~~Medical Attendant.~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Attended by Dr Geo

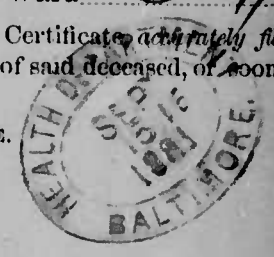
[OVER.]

Board of Health, City of Baltimore,

Permit No. 5/280 *Office of Registrar of Vital Statistics.* Ward 2 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Seidel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 272 S Penn st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, 16 Sept 1881

Undertaker, [illegible]

Place of Business, 265 Aliceanna

I. I. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Klingelhofer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 27 Fountain Street

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia - Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Paulus Cemetery

Date of Burial, Sept. 15th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

James C. H. Shaw M.D.,
Medical Attendant.

Address, 4 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. F. Ackmann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } S.W. cor. Fayette & Paul

Cause of Death { First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 16

F. Allwarne M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Shark & Cross Sts *Address,* 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Seventy one *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} No 507 Franklin St.

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md

Date of Burial, Sept 15th 1881

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 ½ Fayette St

Address 148 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2329 Hauer

[OVER.]

No. 51284

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 15 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 15 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Little

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Cor Hanover & Eutaw

Cause of Death, First, (Primary,) Loss of Mother

Second, (Immediate,) Malnutrition

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 16 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D Tillotson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31205

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Owen Foster

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

~~Color~~, ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 303 Orleans St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 16th

Undertaker, E. Geo. Schilling

Place of Business, Ashland Square

E. Jeo Halle M. D.
Medical Attendant.

Address, 1 E. Eor Broadway & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 51286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 16 1891 BALTIMORE

Date of Death, Sept. 16. 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. E. Dunn,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, White,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Guy & Broadway

Cause of Death. First, (Primary.) Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 16 Sept

Undertaker, John W Jackson

Place of Business, 529 W Baltimore St

J. F. Conner *M.D.,*
Medical Attendant.

Address, 823 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57287

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola McHelmina Cook

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} [redacted]

Age, ~~Years,~~ ~~Months,~~ 7 Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 146 S. Ann st

Cause of Death, First, (Primary.) (Premature Birth)

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Sept. 16th

Undertaker, Kendall Tippet

Place of Business, S. Bond st. 151

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan May Bonaparte

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 85 Park Avenue

Cause of Death, First (Primary,)

Second (Immediate,) Hemiplegia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 17th Sept. 1881

J. S. Mackenzie M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St Address 67 Franklin Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 51289

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Edna Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} * 69 Chest St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial,

Undertaker,

Place of Business, Address, * 305 E. Caroline St

Geo. A. Vastine M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 51291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1881 - 1 AM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Daughter of John & Emma Deeps

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 27 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant 4th child of John & Emma Deeps

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Born in Balto = as likewise both parents

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 168 S. Canal St

Cause of Death, First, (Primary.) Scrofulous

Second, (Immediate.) Marasmus,

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, September 16 1881

Undertaker, A Bruce

Place of Business, 81 Hanover St

A Kroh Isherwood M.D.,
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5129 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 15/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adams Wright

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 36 S Stricker St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) "

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 17

Undertaker, Joseph B Cook

Place of Business, 707 west Baltimore St

W. H. Keller M. D.,
Medical Attendant.

Address, W Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Herman Duckett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 9 *Months,* 27 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 63. McHenry St

Cause of Death, { First (Primary,) True Croup or

{ Second (Immediate,) Laryngitis with Exudation of Lymph

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, N Potts Cemetery

Date of Burial, Sept 16

B. F. Herman M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57293 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Turner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number.} 6 Aisquith

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, Invalid for several years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 17th 1881

Undertaker, Armstrong & Lem

Place of Business, 263 Light

Julius Ball M. D.,
Medical Attendant

Address, 77 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57294 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 287 E Hamburg St.

Cause of death, First, (Primary,)

Second, (Immediate,) Natural Causes

Duration of Last Sickness, His was a 7½ Months child born alive about 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 16th 1881

Undertaker, C. F. Krauss

Place of Business,

Geo. D. Blake M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1 2 9 5 — *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th Sept. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, M

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt-city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Dust-alley

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept 16th 1881

Undertaker, C. P. Krause

Place of Business,

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57296

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 15 Septbr. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Melchior

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } N.W. Cor. Holland & Eden

Cause of Death, First, (Primary.) Typhus

Second, (Immediate.)

Duration of Last Sickness, ab. 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemtr.

Date of Burial, Septr 16. 1881.

Dr Hoffman, M.D.,
Medical Attendant.

Undertaker, H. Hafnagel.

Place of Business, 63 N. Eden St. *Address,* 57 Aisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51297 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Catherine Deacon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, Color

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 38 N. Caroline St.

Cause of death, First, (Primary,) Puerpal State

Second, (Immediate,) Pyemia

Duration of Last Sickness, Twelve (12) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept. 17. 1891.

Undertaker, H. Hohmann

Place of Business, 63 St. Eden St.

S. Tolson M. D., Medical Attendant.

Address, 4th N Eaton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Kaltenhauser

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 158 Chapple st

Cause of Death { First, (Primary,) Catarrhal Pneumonia
{ Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Ft Alphansus Cemt

Date of Burial, Sept 16th 1881

Undertaker, Chas L Bartlett

Place of Business, 610 N. Balt St *Address,* Orangeville Baltimore Co. Md

R. Dr. Ivorris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Board of Health, City of Baltimore,

Permit No. 5/299 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Koenig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} W^m J. Garrett st

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Septicaemia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, September 19

Undertaker, D. Healy

Place of Business, 42 West St

L. Obrietz M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 51300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 16 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Le~~ Frank Shopee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 18 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 Elizabeth Lane

Cause of Death, {First (Primary,) I did not attend the case had no medical attendant V. Coroner

{Second (Immediate,) Recent

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetery

Date of Burial, September 17

Undertaker, B. Hasle

Place of Business, 82 West St.

Thomas Carter M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51301 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15: 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 49 N. Bond St.

Cause of death, First, (Primary,) General Paralysis

Second, (Immediate,)

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept. 16. 1881

Undertaker, Mc. A. Dargen

Place of Business, 74 S. Broadway

Chas. E. Donnelly M. D., Medical Attendant.

Address, 99 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt...

Permit No. 57302

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

Date of Death, Sept 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hauck

Sex, Male or Female {Cross out the word not required in this line.} Male

Age, 9 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 287 Cross st

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Congestion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 18th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross st. *Address,* 166 C. st

C. L. Dudderow M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51303 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Pack Mother

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 8 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Hacks alley

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, Sept 16" 1881

Undertaker, D. McElwee

Place of Business,

Thos A Shearer M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. Extract by D. P. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51304

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Junk dealer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Patapsco near Spring Gardens

Cause of Death, First, (Primary.) Accidently Drowned

Second, (Immediate.) " "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 17th 1881

S A Bell, *M.D.,*
Medical Attendant.

Undertaker, Valentine Koehler

Place of Business, Sharp & Lorman St

Coroner

Address, 161 S Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51300

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wayman

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, ed.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number} 103 N Dallas

Cause of Death First, (Primary,) apparently hereditary

Second, (Immediate,) Phthisis pulmonalis

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16th 1881

Undertaker, Abraham Wayman

Place of Business, 12 Saratoga st

Walter R. Way M. D.
Medical Attendant.

Address, 3 South Broadway Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5/1306

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Williams

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, Sixty one *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Whitewasher

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 58 Perry St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Abscess & Gangrene of the Lungs

Duration of Last Sickness, About four weeks, Ill 2 weeks without Med. aid

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sunday the 18

Undertaker, P. Hurle

Place of Business, No 162 Mulberry *Address,* 262 Mad Ave

Elias C Price M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51307 *Office of Registrar of Vital Statistics.* Ward 7 11/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15-4- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bankard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Year,* 4 6 *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. E. Cor Biddle & Wolf sts

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, September 17th "

Undertaker Adam Fink

Place of Business, 46 N. Gay St

William E. Russell M. D.,
Medical Attendant.

Address, 238, h, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } E Rights Kruger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 624 Harford avenue

Cause of Death, { First (Primary,) Synovial Cataract

Second (Immediate,) Infection Coma (Spine)

Duration of Last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cem.

Date of Burial, Sept. 16 1891

Chas. A. Cochrell, *M. D.*
Medical Attendant.

Undertaker, Henry Cook

Place of Business, 707 N. Eutaw St. *Address* 551 Harford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 51309

Office of Registrar of Vital Statistics.

The Physician who ~~attended any person~~ in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1881

Full Name of Deceased, {Write legibly and spell correctly—If an Infant not named, give names of parents.} Mary Graff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (28 yrs in America

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} Jacobs Hospital

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Sept 14, 1881

Undertaker, Henry Tyler

Place of Business, 30 Centre St *Address,* 188 W. Calvert St

Oscar Haker *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/310 *Office of Registrar of Vital Statistics.* Ward 18

~~The Physician who attended any person~~ in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about Seven Months

Place of Death, {Give street and number.} 257 Cross St

Cause of death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sep. 16 1891

Undertaker, Ernst Schlosser

Place of Business, 200 Sharp St

Julius Hall M. D.,
Southern Dispensary
Medical Attendant.

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Dohuty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Messenger boy

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 82, York St

Cause of Death,
First, (Primary.) Acute Rheumatism, Cardiac involvement
Second, (Immediate.) Gangrene of legs, abdomen penis & Scrotum

Duration of Last Sickness, About Six weeks. I saw him the two last days of his life.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Sept 17th 1891

Undertaker, Chas F. Krause

Place of Business, Hanover St

Chas A Donovan M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57312

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christie King

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 357 S. Bond St.

Cause of Death,
First, (Primary.) Diphtheria
Second, (Immediate.) Diphtheritic croup.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept. 8

Undertaker, Randell Diffet

Place of Business, S. Bond st 357

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57313

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabel Agnis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carolini Co

Duration of Residence in the City of Baltimore, Several yrs

Place of Death, {Give street and number} 129 Eighty S

Cause of Death {First, (Primary.) / Second, (Immediate.)} Malentis of Bowels

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sarago Factory Yard

Date of Burial, Sept 17 81

Geo. H Benson M. D.
Medical Attendant.

Undertaker, Ambury & Denny

Place of Business, No 263 Light St

Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*2550 Franc

Board of Health, City of Baltimore,

Permit No. 57,314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1 1901 BALTIMORE

Date of Death, Sept 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Darby Dougherty

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Hack - Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland - 16 years in US

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 40 W Eager St

Cause of Death, First, (Primary.) Fracture of skull

Second, (Immediate.) Hemorrhage on brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Sept 17th 1881

Undertaker, Jos F Byrne

Place of Business, 39 N Liberty St

Edmund Walker *M.D.,*

~~Medical Attendant.~~

Address, Boonsboro MD

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 / 3 1 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. T. Ely.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 55 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years. Not Born

Place of Death, {Give street and number} 460 Mulberry St

Cause of Death First, (Primary,) Chronic Hepatitis & Val. Disease of Heart.

Second, (Immediate,) Uraemic Poison

Duration of last Sickness, 2 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 17th 1881

Chas. H. Riley M. D.
Medical Attendant.

Undertaker, Lemmy & Mitchell

Place of Business, 550 W. Fayette St *Address,* 305 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-1316 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Cooper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 9 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 61 Bank St.

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 18

Undertaker, Mrs Bibble

Place of Business, Bond Street

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

rmit No. 5 1317 *Office of Registrar of Vital Statistics.* Ward 15-12-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, equested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, Sept. 15. 1891

ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Frankhei.

ex, Male or Female, {Cross out the word not required in this line.} Female.

ge, 35 *Years,* *Months.* *Days.*

olor, White.

arried, Single, Widow or Widower, {Cross out the word not required in this line.}

ccupation,

irthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland About 33 Years.

uration of Residence in the City of Baltimore,

lace of Death, {Give street and number.} 184 Montgomery St.

ause of death, First, (Primary,) Metrorrhagia.

Second, (Immediate,) Asthenia

uration of Last Sickness,

All the above information should be furnished by the Physician.

lace of Burial, St Peters Cem'y

ate of Burial, Sept 17 to 1891

Undertaker, Kniffen & Lenn

Place of Business, 263 Light St

W. S. Bond M. D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the se and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Grinnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* three *Months,* fifteen *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203 Raborg St

Cause of Death, {First (Primary,) Congestion of the brain

Second (Immediate,)}

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17th 1881

{*Undertaker,* Wm J Gray

Place of Business, 65 Mulberry}

R E Farmer *M. D.*
Medical Attendant.

Address 175 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howe

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, about 64 *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jersey, England

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number} 125 N. Howard St.

Cause of Death { First, (Primary,) Malarial fever
Second, (Immediate,) Congestion of brain

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Bub Cemetery

Date of Burial, Sept 17th 1881

Jno. S. Lynch *M. D.*
Medical Attendant.

Undertaker, J. A. Kerchner

Place of Business, S. Carroll Inst *Address,* 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5/320 *Office of Registrar of Vital Statistics.* Ward 8 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina & Henry Kopiesky Parents

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 Hillen St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, more or less all his life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 17th 1881

Undertaker, Or. H. Kopiesky

Place of Business, 20 Hillen St

James A Steuart M. D.,
Medical Attendant.

Address, Comm'r of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Given by Jos. P. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51321

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Chas White.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 91 Cambridge St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Meningitis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, Sept. 17 1881

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 94 S. Broadway.

Att. Erich M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 61324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. C. Lapsie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* (4) *Months,* 23 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 311 Canton Ave Cor Durham st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicemia

Duration of Last Sickness, ~ 10 days ~

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept. 18 1881

Undertaker, Henry Saunder,

Place of Business, 252 Canton Ave

Thomas S. Evans M.D.,
Medical Attendant

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51323

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Frankenstein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* ..... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 96 East Balto Street

Cause of Death, First, (Primary.) Erysipelas supervening upon Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, 23 Days

All the above information should be furnished by the Physician.

Chas. M. Smith M.D.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, Sept. 18th 1882

J. W. Hoeck M.D.,

Medical Attendant.

Undertaker, Edward A. Mentz

Place of Business, 35 Pratt St. *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William T. Miskimmon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Sail Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 238 Chew St.

Cause of Death { First, (Primary,) Typhoid fever
Second, (Immediate,) Asthenia

Duration of last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 18th 1881

Undertaker, Thos J Haynes

Place of Business, 60 E Balto St

Jno. S. Lynch *M. D.*
Medical Attendant.

Address, 175 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 67325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Reichert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 7. *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} ~~Balto~~ 310 S Charles

Cause of Death, {First (Primary,) ....} {Second (Immediate,) Pneumonia}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, September 18.

Undertaker, B. Hart

Place of Business, 52 West N.

H Reuben Carter M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51326 *Office of Registrar of Vital Statistics.* **Ward** 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella May Parry

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 5 Hope Street

Cause of death, First, (Primary,) Meningitis tuberculosa

Second, (Immediate,)

Duration of Last Sickness, 3 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Sept 18th

Undertaker, H. C. Weedfield

Place of Business, 70 Lemmont Ave

Charles H. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT SEP 17 1881 BALT MORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Deines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 5 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Duchy of Grand Hessian Germany

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give street and number.} No. 147 W. Biddle St.

Cause of Death, First (Primary,) Heart. Liver & Kidney desease

Second (Immediate,) Anaemia.

Duration of Last Sickness, About Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery *J. K. Merrick* **M. D.**

Date of Burial, Sept. 19 Medical Attendant.

Undertaker, Walter Emmel *Address* 131 W. Biddle St.

Place of Business, 313 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALT MORE

CERTIFICATE OF DEATH.

Date of Death, 16 September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Reik

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White *Sex,* .....

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 237 Bolton St.

Cause of Death, {First (Primary,) Trismus neonatorum

{Second (Immediate,) asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 17th 1881

Undertaker, H. H. Jenkins Son

Place of Business, ...

S. C. Chew M. D. for A. H. Powell M. D.

Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 " 1881 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Reidenbach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 50 S. Central Ave. Balto, Md,

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} # 50. S. Central, Ave Balto,

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept. 17th 81

{Undertaker, M. Francis

{Place of Business, 210 Canton ave

Thos H Morris *M.D.,*
Medical Attendant.

Address, East side.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57330

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madelina Warner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (40 yrs

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Old Hospital

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) In Hospital 16 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sept 19th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Edward Loker, M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 / 3 3 /

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 — 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas W. Stevens

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 74 *Years,* — *Months,* — *Days.*

Color, C —

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 45

Place of Death, { Give street and number } Penal Home, Fayette, N Broadway

Cause of Death, { First, (Primary.) Marasmus Senilis

{ Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Md

Date of Burial, Sept. 18. 1881

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway

F. D. Lamb M. D.
Medical Attendant.

Address, Penal Home, Fayette & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57332

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grebe

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 98. S. Regester st.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons B.G.

Date of Burial, Sep. 18. 1881

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway

P. G. Dausch M.D.,
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51333 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ships Carpenter - for Naval Years Lapse Lapse of Active Force

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 257 Eagle

Cause of death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens R.C.

Date of Burial, Sept. 18. 1891

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

James E. Donnelly M. D., Medical Attendant.

Address, 996 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51334 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1911 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1911

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mary~~ ~~Baby~~ Cecelia Bayne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 12 Holliday St.

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Five ~~Four~~ weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 14

Undertaker, Williams & Dorsey

Place of Business, 62 East St

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 September 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Becker

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* 11 *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } West Newark New Jersey (N.J.)

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number } Lexington St. 192

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Country

Date of Burial, Sept 18" 1881

Undertaker, W. Deewald

Place of Business, 35 S. Eutaw St.

H. L. Reinhard M. D.
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5[illegible]

Board of Health, City of Baltimore,

Permit No. 5/336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septem. 16/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius H. Stroesser

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 5-3 Harrison

Cause of Death, First, (Primary,) Cholera Infantum (also Pertussis)

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Sept 17 1884

Undertaker, Henry Hoch

Place of Business, 324 N. Central Ave

D. Steell M. D.
Medical Attendant.

Address, 143 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 319 N. Central Ave.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sep 18, 1881

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Henry Hoerr

Place of Business, 309 Central Ave

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51338 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 weeks ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 347 N. Central ave

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, Sept 17, 1881

Undertaker, Henry Nagle

Place of Business, 209 Central ave *Address,* 256 N Eden st

F Albaugh M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51339 *Office of Registrar of Vital Statistics.* Ward 15 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color. Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 87 Little Montgomery St

Cause of death, First, (Primary,) Summer Diarrhoea

Second, (Immediate,) Chol Infantum

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17th 1881

Undertaker, Geo W. Perkins

Place of Business, — *Address,* Comm of Health & Registrar

James H Keene M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. V. Fitzpatrick [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mercer Gibson

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~ Male

Age, 88 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 7 E Courtland St

Cause of Death { First, (Primary,) Exhaustion of Old age
Second, (Immediate,) Apthasia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Sept 18 1887

Undertaker, S McShane

Place of Business, 198 Howard St. *Address,* 34 N. Calvert St

H Dunbar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51341 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dorsch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Farmer~~ Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 ~~35~~ yrs

Place of Death, {Give street and number.} 102 S. Howard

Cause of Death, First, (Primary.) Chronic Bright Disease

Second, (Immediate.) Uraemic Apoplexy

Duration of Last Sickness, a few moments

All the above information should be furnished by the Physician.

Place of Burial, No ~~Westminster~~

Date of Burial, Monday Sept 19

R. J. N. Tall M.D.,
Medical Attendant.

Undertaker, B Clark

Place of Business, No 92 West St *Address,* 152 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5713 42

Office of Registrar of Vital Statistics.

The Physician ~~who attended any person~~ in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kamauf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Undertaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 317 Malberry St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 19th Sept 81

Undertaker, Denny & Mitchel

Place of Business, Fayette & Schroeder

L. E. Hun M.D.,
per Eff
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 21343

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Augusta Hyde

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecilton Cecil Co Md

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number} 133 W. Baltimore st

Cause of Death, First, (Primary.) Abdominal Tumor; Ascites. Nature of

Second, (Immediate,) Tumor unknown Exhaustion from hemorrhage from Stomach & bowels Excited by a fall

Duration of last Sickness, two days ago.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 12th 1881

Alfred Mandlas M. D.
Medical Attendant.

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw st *Address,* 228 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Use of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5134 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Moore

HEALTH DEPARTMENT RECEIVED 1881 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7. Short St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 16th 1881

Undertaker, C. A. Wheeler

Place of Business, ——— *Address,* Commiss of Health & Registrar

James H Lemmon M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Care by Jos. P. Smith

Board of Health, City of Baltimore,

Permit No. 51345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hawkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 54 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House keeping

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Do not Know

Duration of Residence in the City of Baltimore, About 50 Years

Place of Death, {Give street and number.} 79 Jefferson St. City

Cause of Death, First, (Primary.)

Second, (Immediate.) Brights Disease of the Kidneys

Duration of Last Sickness, 11 weeks and 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19th 1881

Undertaker, Thos J Lee

Place of Business, 73 Jefferson St

J. Ginglin M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51346

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
SEP 18 1
1891
BALT MORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 '91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmaline Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Register 21.

Cause of Death, First, (Primary.) Othisis Pulmonales.

Second, (Immediate.)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Loud Green

Date of Burial, Sept 18th 1891

Undertaker, Geo J Coates

Place of Business, 473 Jefferson st

John A Lehnts M.D.,
Medical Attendant.

Address, 7 E Baltimore st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51347

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Ann Price

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, ... *Years,* ..... 14 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Mc Cubbin St

Cause of Death, First, (Primary.) Teething & Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 7 Days —

All the above information should be furnished by the Physician.

Place of Burial, Woodberry & Cemetery

Date of Burial, Sept 18th 1881

Undertaker, Wm J Lockard

Place of Business, 473 Jefferson St

J Lyons M.D.,

Medical Attendant.

Address, 13 Caton —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51348 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16 - 1861

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosella Connah

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 162 N Charles St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lasell Cemetery

Date of Burial, September 18 1861

Undertaker, Charles A. White

Place of Business, 95 Granby

G. G. Yeagle M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8154

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Friedert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 32 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 331 S. Broadway

Cause of Death First, (Primary,) Internal injury — Liver - Kidney (Rupture)

Second, (Immediate,) Inflammation of Liver - Kidney - Etc

Duration of last Sickness, Sixteen (16) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Sept 18

Undertaker, Jos Dryer

Place of Business, 1 Bond St

A. L. Clarke M. D.
Medical Attendant.

Address, 237 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51350

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... 1 .....

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Flannn

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... 1 .... *Years,* .... *Months,* .... 1 .... *Days.*

Color, ... White .....

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death. { First, (Primary.) ..... Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept. 18 1881

Undertaker, Geo. Sander

Place of Business, 252 Canton Ave

Can. D. Cole ..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Garfield Ault.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* 28 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 1115 E. Orleans St

Cause of Death, {First (Primary,) Cholera Infantum.

{Second (Immediate,) Exhaustion,

Duration of Last Sickness, 14 days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 19

Undertaker, J B Cook.

Place of Business, 707 West Baltimore St

John L. K. Wise M.D.
Medical Attendant.

Address, 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57352

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Maud Penz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 18 & Bond St

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.) Convulsions & Exhaustion.

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 19th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 Broadway

D M Cattell M.D.,

Medical Attendant.

Address, 27 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Schteinbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Perforation of Bowels

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Sept 18th

Undertaker, George Schilling

Place of Business, ...

Oscar Hackney M.D.,
Medical Attendant.

Address, 188 W. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51351

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 15th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F J Hedley.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 302 Eastern Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) General Collapse

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 17th September

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

Harry L Smith, M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51355 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17-1901

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. H. Ross

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 169 Henrietta

Cause of death, First, (Primary.) Phthisis.

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 19 1901

Undertaker, Lee H. Perkins

Place of Business, 130 Henrietta

W. S. Booze *M. D.,*

Medical Attendant.

Address, 202 Stamp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57356 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vermillion Isabella Bryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} s- E Baker St.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} as above

Cause of death, First, (Primary,) Prematurity —

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept. 19

Undertaker, Walter Immel

Place of Business, 313 N. Biddle *Address,* 530 Penna Ave.

J. Bricker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} Frederick St No 59

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Har Sienn

Date of Burial, 19 Sept

{ Undertaker, H. Price

{ Place of Business,

W J Murphy *M.D.,*

Medical Attendant.

Address, Exeter St 138

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 31358 *Office of Registrar of Vital Statistics.* Ward 18 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Hess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* Seven *Days.*

Color, White.

~~Married,~~ Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number.} 421 McHenry Street

Cause of death, First, (Primary,) Intestinal Inflammation

Second, (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, September 19 1881

Undertaker, [illegible] Parlow

Place of Business, [illegible] Madison Ave

Jno. O. Holliday M. D.,
Medical Attendant.

Address, Carroll P. O. Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 51359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible ~~for the presentation~~ of this Certificate, *accurately filled out*, to the ~~Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Sietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, — —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 72 Frederick Avenue

Cause of Death, First, (Primary.) .....
Second, (Immediate.) Meningitis

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonses

Date of Burial, Sept. 20

Undertaker, L. P. Paulus

Place of Business, 66 Frederick Ave

H. Konig M.D.,
Medical Attendant.

Address, 582 W. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51360 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma, S. Wagner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3, *Months,* 14 *Days.*

Color,

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Monument St near Guest St

Cause of death, First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, A. Orphans' Ct

Date of Burial, Sept 19 1881

Undertaker, Henry Hoch

Place of Business, 369 Central Ave *Address,* Broadway & Fredrick St

Wm. L. Russell M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57361

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Lally

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Franklin St

Cause of Death, First, (Primary.) Dis of heart

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem'y

Date of Burial, Sept 19th 1881

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty St

Richard McSherry M.D.,

Medical Attendant.

Address, 189 W Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57362 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. F. Kausner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 63 *Years.* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elkton Md

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 12 Hollins St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Elkton Cecil Co. Md.

Date of Burial, 20th Sept. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 283, W. Lombard

Edwd F. Mulholland M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2531 Frank [OVER.]

Board of Health, City of Baltimore,

Permit No. 51363

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Howard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None save wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 181 Arlington Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 ~~days~~ years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 19th 1881

Undertaker, Wm. H. Dickman

Place of Business, 234 E. Gay St.

Edmund R Walker M.D.,

~~Medical Attendant.~~

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept- 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen E. Kinnear

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Londonderry Ireland

Duration of Residence in the City of Baltimore, Twenty nine years

Place of Death, {Give street and number} 86 Jefferson St-

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Do
Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Sept. 20th '81

{ *Undertaker,* Wm. H. Hickman
{ *Place of Business,* 234 N. Gay St

J. Bacon M. D.
Medical Attendant.

Address, Cor. Argyle ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora ~~Tyson~~ "Tyson"

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Towsontown, Balto Co Md

Duration of Residence in the City of Baltimore, About 10 months

Place of Death, {Give street and number} 2 N Howard St r Schilling Undertaker

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Hemoptysis

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 19th

{ *Undertaker,* George Schilling
Place of Business, Ashland Square

J. Fassell Wartman M. D.
Medical Attendant.

Address, N W Cor Hoffman & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51366

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bateman Edmonston

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* One *Months,* Four *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No 134 N. Stricker St.

Cause of Death, First (Primary,) Gastro-intestinal Catarrh

Second (Immediate,) Exanition.

Duration of Last Sickness, About Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 19th 1881

J. Ridgely Hammond M.D.
Medical Attendant.

Undertaker, Emmy & Mitchell

Place of Business, 550 W Fayette St

Address 148 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51367

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward E Byrnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Co Cavan Ireland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 60 Vaughan st

Cause of Death, First, (Primary.)

Second, (Immediate,) Ingestion, Convulsions.

Duration of last Sickness, Few weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cath Ch Yd

Date of Burial, 16th Sept 1881

Undertaker, John Dale

Place of Business, 161 E Balto St

Chas A Gaines M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILBERT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Kelman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Pipe Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } 91 Stockholm St

Cause of Death { First, (Primary,) Hematemesis

Second, (Immediate,) 24 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 19th /81

Undertaker, C F Kraul

Place of Business,

Geo N. Dorsey M. D.
Medical Attendant.

Address, 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 57369 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Hustead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Malmo Sweden

Duration of Residence in the City of Baltimore, Two (2) Years

Place of Death, {Give street and number.} 83 Parkin St

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 10.

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore St

H. L. Speer M. D.,

Medical Attendant.

Address, 384 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57370

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Stephen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 47 S. Calhoun

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Dysentery

Duration of Last Sickness, I only saw her once

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, Sep 20

Undertaker, L H Cook

Place of Business, 707 West Baltimore *Address,* 582 W Hoffman St

W. M. McKenzie M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51371

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep 17. 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Bass Jr

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 23 *Years,* 11 *Months,* 14 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Lithographer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 344 Saratoga

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Tuberculas Meningitis

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept. 19th 1881

Undertaker, Philip Secrest

Place of Business, No. 35 S Eutaw St

D. Hillman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51372

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Burr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 631 Penna ave

Cause of Death, First, (Primary.) Inflamation of bowels

Second, (Immediate.) 2 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19 - 1881

Undertaker, [illegible]

Place of Business, [illegible]

Chas E Sadtler M.D.,
Medical Attendant.

Address, 649 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Louise Reinhard

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 244 Battery ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Sept 19th 87

Undertaker, B. Hartle

Place of Business, No. 82 West ... *Address,* corMulberry & Mynderse.

Louis Hoen *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57374 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 19. 1891 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John P. McCarty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 7 — 12

Place of Death, { Give street and number. } 153 Johnson St

Cause of death, First, (Primary,) Congestive Chills

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 19th

Undertaker, B. Merle

Place of Business, 82 Wright

A. H. Ellis M. D.,

Medical Attendant.

Address, 313 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51375 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Leinbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 99 Thames Street

Cause of death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 21

Undertaker, W Doyle

Place of Business, 1 Bond 197

James T. McShane M. D., Medical Attendant.

Address, 84 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57376 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is ~~responsible~~ for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Barrett

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 52 Church Alley

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Evergreen Cemetery

Date of Burial, Sept. 17 1891

Undertaker, William A. Runge

Place of Business, 62 East St

C A P Elder *M. D.,*

Medical Attendant.

Address, 513 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Watts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis County

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 8 Little Broadway

Cause of Death First, (Primary,) Dropsy (General)

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, Sept 19th 1881

Francis T. Shaw *M. D.*
Medical Attendant.

Undertaker, Wm H. Dunger

Place of Business, East St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51378

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Washington

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Clermont Mills, Harford Co. Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 23 Chestnut st

Cause of Death, First, (Primary,) Others pulmonals

Second, (Immediate,) asthenia

Duration of last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, Sept 19

Undertaker, John Bowers

Place of Business, 52 Lee st

E. Shell M. D.
Medical Attendant.

Address, 1421 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Sept 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Blake

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Life

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 18

Undertaker, C. H. Bloxam

Place of Business, 207 E. ... *Address,* .....

C. F. Brune *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51380 *Office of Registrar of Vital Statistics.* Ward 18 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Hubert Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 202 Lamon

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 20

Undertaker, L J Cook

Place of Business, 707 W Pratt

M. McMurtrie M. D.,
Medical Attendant.

Address, 211 E Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5138[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 / 3 8 1

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE (188[illegible])

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Jennings.

Sex, Male ~~Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow~~, ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Shelby alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Round Hendy

Date of Burial, Sept 19th, 1881

Undertaker, Thos J Fecks

Place of Business, ~~73~~ 73 Jefferson

D. J. Reinhart M. D.
Medical Attendant.

Address, 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aunt Jane,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 (?) *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Injury

Second, (Immediate.) Shock and Hemorrhage.

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Sept 19th 1881

E. Geo Kitt M.D.,
Medical Attendant.

Undertaker, Pat Mullein

Place of Business, P. Parkave

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51383 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19. 1881

Full Name of Deceased, {Write legibly and spell correctly If an Infant not named, give names of parents.} Ida Taylor

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 7 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 Goodmans alley

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Franklin Branch

Date of Burial, Sept 20

Undertaker, H Ross

Place of Business, 95 Conway St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 / 3 8 4 *Office of Registrar of Vital Statistics.* **Ward** 16 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Carter

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give street and number.} 91 Dover St

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, Several months Failing

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 20 1881

Undertaker, Hercules Ross

Place of Business, Mercury St

J Thos A Steuart M. D.,

Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Form 4

Clara by J. Fitzpatrick

...Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D Wallen H Middleton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 80 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George's Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 113 S. Paca

Cause of Death First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 20 [illegible]

Undertaker, [illegible]

Place of Business, 814 W Balto St *Address,* 36 S. Eutaw St

Jno. E. Clagett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Greene

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Fourteen *Days.*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow* or *Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No - 73 Myrtle ave.

Duration of Residence in the City of Baltimore, Two weeks.

Place of Death, {Give street and number} No. 73 Myrtle ave.

Cause of Death {First, (Primary,) Inanition

Second, (Immediate,) Prostration

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W B Potters Cem

Date of Burial, Sept 20/81

Undertaker, E A Kercher

Place of Business, 58 S Carrollton

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 51387

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1937 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1937

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Eddie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 274 South Howard St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Pithuria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. K. Finn *M.D.,*

Medical Attendant.

Address, 53 Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57388 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 25 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Prob. St. Court

Cause of death, First, (Primary,) Diarrhoea - Teething.

Second, (Immediate,) Convulsions -

Duration of Last Sickness, About 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 20

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. B. White M. D.,

Medical Attendant

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51389 *Office of Registrar of Vital Statistics.* Ward 19 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unnamed infant of C. P. Latimer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F

Age, ~ *Years,* ~ *Months,* 7 Hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 102 Harlem Ave

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 102 Harlem Ave

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, Sept 20th 1881

Undertaker, Henry Mitchell

Place of Business, 550 W Fayette St *Address,* 384 Carrollton Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51391 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Jordan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 243 S. Ann St.

Cause of death, First, (Primary,) Diphtheritic Croup. ✓

Second, (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Church Hill Harford County

Date of Burial, Sept. 21st 1881

Undertaker, John C. Schuh

Place of Business, 202 Alice Ann

John H. Rehberger M. D., Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2333 Hanover

Board of Health, City of Baltimore,

Permit No. 57391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th, 97.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Broughton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 98 *Years,* — *Months,* — *Days.*

Color, Colored.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, 98 yrs.

Place of Death, {Give street and number.} 11 Sarah-ann St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 20th 1897

Undertaker, Wm Jas Gray

Place of Business, #63 Mulberry st

Wm. E. Rider M.D.,
Medical Attendant.

Address, 11 Sarah-ann St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20/1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Faulner

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 55 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria -

Duration of Residence in the City of Baltimore, 37 Years -

Place of Death, {Give street and number} 25 St James ~~Court~~ - S/s

Cause of Death {First, (Primary,) Congestion of Brain.
Second, (Immediate,) Asthenia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 21st 1881

Undertaker, Henry Hoover

Place of Business, ——— *Address,* 1792 Monument St

Irving Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51393

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51393

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Elliott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days.* 9

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 382 E. Madison St

Cause of Death { First, (Primary,) Malarial fever

Second, (Immediate,) Asthenia -

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 20" 1881

Undertaker, M. A. Saiger

Place of Business, 14 S. Broadway

Geo. Miller M. D.
Medical Attendant.

Address, 1792 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Krauss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Gross-Umstadt Kurfürstenthum Hessen

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, {Give street and number.} 132 South Gay St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 21 1881

Undertaker, John Hennis

Place of Business, 382 Orleans St. *Address* 179 W. Lombard St.

G. Friedrichs *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 37395

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Mellenen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 12 S Exeter

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar St Cemetery

Date of Burial, September 21st 1881

Frank Mayer *M.D.,*

Medical Attendant.

Undertaker, Moses Gottlieb

Place of Business, 51 Hanover St. *Address,* 75 S High

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51396

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Farrell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and number.} 96 S. Caroline st.

Cause of Death, First, (Primary.) meningitis

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Sept 20th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 3 N Broadway

P. G. Daniel, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51397 *Office of Registrar of Vital Statistics.* Ward 16 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John a. Flynn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth ✓

Place of Death, {Give street and number.} 170 Conway St

Cause of death, First, (Primary,) ~~Stroke~~ Obstruction in the Gall duct

Second, (Immediate,) Jaundice with Dropsy

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 20th

Undertaker, F. S. Spell

Place of Business, 131 Hanover St

Thos Corbin M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57398 *Office of Registrar of Vital Statistics.* Ward 2nd 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Redmond

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Seventy Seven *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} No. 193 Bank Street-

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,) Heart Disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Child Road No 8 BG

Date of Burial, Sep 20 81

Undertaker, Fuller Bro

Place of Business, 8 & Broadway

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No 102 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanora O. Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 100 N. Central Ave.

Cause of Death First, (Primary,) Cancer of the Stomach.

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Sept 21 1898

Undertaker, H. Stark

Place of Business, 302 N. Eutaw

Francis Sinex M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57400

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnnie Rushland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 4 9 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 246 Columbia Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) Convulsions

Duration of Last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 21

Undertaker, Henry Briele

Place of Business, Hanover St. 81

J. R. McClennen M.D.,
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57401 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other~~ person superintending the burial, within *twenty-four hours* after the death of said ~~deceased, or sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Gertrude Byrne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sister of the Good Shepherd

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd Mount & Stevens Sts

Cause of death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cemetery of the Sisters on their private grounds

Date of Burial, Sept 21st 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Edw F. Mitchell M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 51402

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 9 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Pfeifer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Taylor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 10 2 Fayette St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st of Sept.

Undertaker, Mrs S. Kennard

Place of Business, 317 Mulberry St

L. E. Kim M.D.,
per. E.H.K. Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of Sept 1887

Full Name of Deceased; {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Sophia Faisenbrass

Sex; ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 21 *Years,* — *Months,* 28 *Days.*

Color, white *Sex.* female

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} 1444 Ramsey st

Cause of Death, First (Primary,) Typhus abdominalis

Second (Immediate,) Cerebral trouble

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 21st of Sept

L. Helmond M. D.
Medical Attendant.

Undertaker, Chas P. Kummant

Place of Business, 317 Mulberry st. *Address* 120 Pearl st. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 57404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotie Barnett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 Jefferson St

Cause of Death { First, (Primary,) Bilious fever. / Second, (Immediate,) Brain trouble

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Henry St Cemetery

Date of Burial, Sept 20th 1884

Undertaker, Wm J Lucas

Place of Business, 423 Jefferson St

F. A. Power *M. D.*
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Barbus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Cold

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} St Paul St near 12

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Sept 20th 1881

Undertaker, Wm Bunge

Place of Business, 162 East St

O S Mahon *M.D.,*
Medical Attendant.

Address, Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51406 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20-1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Heuser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 85 N. Durham St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st

Undertaker, [illegible]

Place of Business, [illegible]

Geo H Bayley M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51407 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 2 1884 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept. 19. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane M. Brown

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth ✓

Place of Death, {Give street and number.} 38 E. Townsend St

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 21 1884

Undertaker, Thos J Naylor

Place of Business, E. O. Elliott & Co *Address,* 146 Hanover St

Howard Griffith M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/4108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 20 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. F. Milbourne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* 10 *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 307 S. Eutaw

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Wm Bondel M. D.
Medical Attendant.

Address, 1705 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51409 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 49 Carlton St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) " " "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 9th 1881

Undertaker, [illegible]

Place of Business, 95 S. Howard

Thos Opie M.D.,
Medical Attendant.

Address, 34 N. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

235 Penn

No. 51410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 20 BALTIMORE

Permit No. 51410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bush

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number} Vincent Alley No 24

Cause of Death, First, (Primary.) Chlorosis

Second, (Immediate.) Marasmus

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 21st

Undertaker, Jos B Cook

Place of Business, Balt. st

John H Aldridge M. D.
Medical Attendant.

Address, No 99 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 61411

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 20 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th Sept 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Hall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 50 N. Fulton Ave

Cause of Death, First, (Primary.) Gastro enteritis — diarrhoeal

Second, (Immediate.) Exhaustion —

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 21

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt

H. W. Dennis M.D.,
Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57412

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lem

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1919 N. Central Av.

Cause of Death, First, (Primary.) Malarial Fever.

Second, (Immediate.) Anemia & Rectal Hemorrhage.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cem.

Date of Burial, Sept 21st 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

Edw. P. McDevitt M.D.,
Medical Attendant.

Address, 169 N. Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51413

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Lange

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Wht

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Non

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, { Give street and number. } 116 Alleys alley

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 21

Undertaker, B. Mull

Place of Business, 82 West St. *Address,*

J. B. [illegible] *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/4/4

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sep. 19 to 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie E. Cage'

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Ham dresser

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 148 E. Main

Cause of Death, First, (Primary.) Pleurisy

Second, (Immediate.)

Duration of Last Sickness, abus Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Sept 21st 11 /81

Undertaker, C. F. Strause

Place of Business,

J. W. Stucky M.D.,
Medical Attendant.

Address, 143 N Chas'

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 1 4 1 5 — *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie E. Pratt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 71 Church St

Cause of death, First, (Primary,) Gastro enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery

Date of Burial, September 21 1881

Undertaker, Hercules Ross

Place of Business, 95 Conway St

F. W. P. Ellis M. D.,

Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Florence Hays

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 S. Republican

Cause of Death First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of last Sickness, All Summer

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 22

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

John Howard M. D.
Medical Attendant.

Address, 322 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Kloppenia

~~Sex; Male or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bty

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Belair Road

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.) Paralysis cord.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Septem 21 1881

Undertaker, John Hennig

Place of Business, 352 Orleans St

J. Mathias M.D.,
Medical Attendant.

Address, 245 E. Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5147/18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~when requested so to do, under penalty of~~ law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Temperance Sterling

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, during greater part of life

Place of Death, {Give street and number} 46 Oxford

Cause of Death First, (Primary,) Heart Disease. Mitral Valve

Second, (Immediate,) Paralysis.

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21/81

Undertaker, Col. Jones

Place of Business, Eastern Ave

J. P. Keller M. D.
Medical Attendant.

Address, 126 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamilton Golden

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Saleman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 127 W. Fay. St

Cause of Death, First, (Primary.) Cirrhosis

Second, (Immediate.)

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 22nd 1881

Undertaker, Stewart & Mourn

Place of Business, 35 Park Ave

F. Glenn King M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/4120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1920 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy H Hampton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, About a year

Place of Death, {Give street and number} 1517 Pratman St

Cause of Death { First, (Primary.) Meningitis
Second, (Immediate,)

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sep 23

Robt L Knaus *M. D.*
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore *Address,* 534 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51421 *Office of Registrar of Vital Statistics.* Ward 8 no

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Zubentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~M~~ S W

Occupation, ~~C~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 136 S. Eden St

Cause of death, First, (Primary,) Enteritis

Second, (Immediate,) .....

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept. 21

Undertaker, W. Dippel

Place of Business, S. Bond St. 167

Louis E. Dennis M. D.,
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/4/22 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
BALTIMORE

Date of Death, Sept 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nate Virginia

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 8 Bartlett Street

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Apnoea

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 22nd 1881.

Undertaker, Wm Ebersmith

Place of Business, 331 Pennsa Ave

Albert Cotton M.D.,
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 57423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ..... *Days.*

Age, ... *Years,* 8 *Months,* .....

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 106 Moser St

Cause of Death, First, (Primary.) Cebro-Spinal Meningitis

Second, (Immediate.) .....

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Elkton Md

Date of Burial, Sept 22 1881

Undertaker, J.W. Clements

Place of Business, 234 Pennsa Ave

Henry J. Houck M.D.,
Medical Attendant.

Address, Cor Carey & Hoffman Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2335 Hanover

Board of Health, City of Baltimore,

Permit No. 5124 *Office of Registrar of Vital Statistics.* **Ward** 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21/81 Balto.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Wörmann

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days.*

~~*Color,*~~ W.

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hunebrog Germany

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, {Give street and number.} L. L. Heyman Locust St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) — do — do —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Sept 24/81

Undertaker, Henry Snyder

Place of Business, 232 Eastern Ave

Eugen Daussen **M. D.,**
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57425 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Hackett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, C

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 2 College al-

Cause of death, First, (Primary,)

Second, (Immediate,) Paines - Adenus

Duration of Last Sickness, one years

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Sept 22, 1881

Undertaker, W. C. Gordon

Place of Business, 63 Parkins

J H Patterson *M. D.,* Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 5/426 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Heinz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.* 16

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 Cross St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Enteritis

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 22 Th 1881

R. J. N. Tall M.D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 152 Sharp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51427 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Cecil

Duration of Residence in the ~~City of Baltimore~~, Institution 3 weeks

Place of Death, {Give street and number.} St. V. D. Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Byrnes Brae

Date of Burial, Sept. 21. 1881

Undertaker, Geo. Sheehan

Place of Business, 15 Division St.

Anthony Brewer M. D.,
Medical Attendant.

Address 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51428 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1902 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McKabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number.} 74 Fordham's ct

Cause of death, First, (Primary,) — Justitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Towsontown Md

Date of Burial, Sept 27 "1901

Undertaker, L. J. Krause

Place of Business,

H. H. Ellis M. D.,

Medical Attendant.

Address, 310 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51429

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 21 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Keener.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 87 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 382 E. Pratt St.

Cause of Death, First, (Primary.) Senile Degeneration

Second, (Immediate.)

Duration of Last Sickness, 10 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 23rd 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 227 Eastern Ave

J. E. Lovell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51430 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Koehler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} 257 Hollins St

Cause of death, First, (Primary,) Acute Pulmonary Phthisis.

Second, (Immediate,) Hemorrhage of the Lungs.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Sept 22nd 1881

Undertaker, Or David Keechley

Place of Business,

W McIntosh M. D.,
Medical Attendant.

Address, 96 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57131

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, Col

Married, Single. ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Natives

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 21 Chestnut Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions (from Unknown Cause)

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sep. 22. 1881.

Undertaker, Kemp & Weddern

Place of Business, 160 Orchard st

W W Anthony M.D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51432 *Office of Registrar of Vital Statistics.* Ward 5 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Woolford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, x / /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saint Louis

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 141 Lexington St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22 1881

Undertaker, Hemsley & Madden

Place of Business 44 Orchard

Jno E Donnelly M. D., Medical Attendant.

Address, 99 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 7 6 / 3 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 23
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, No 143 Pitts St. Balto City Sept 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Walker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, in her 80th Years, Months, Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her whole life time

Place of Death, {Give street and number.} 143 Pitts St

Cause of Death, First (Primary,) Infirmities of Age, Decl

Second (Immediate,) Diseased Lesions of Stomach

Duration of Last Sickness, Many Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 22nd 1881

Undertaker, Denny & Mitchell

Place of Business, 638 Broadway *Address* 71 Broadway

W. P. McNeill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks B[illegible] and to List of Diseases [illegible]ack of this Certificate.

Board of Health, City of Baltimore.

Permit No. 37434 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Kals

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months.* ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 49 Vincent alley

Cause of death, First, (Primary,)

Second, (Immediate,) Pertussis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Louis St Cem

Date of Burial, Sept 22 '881

Undertaker, W. M. Dunger

Place of Business. East St

James A Steuart M. D.,
Medical Attendant.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Edward Lee Cole (Coroner)

Board of Health, City of Baltimore,

Permit No. 51435 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Isabelle Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Akron Ohio

Duration of Residence in the City of Baltimore, About 10 yrs

Place of Death, {Give street and number.} 26 Scott

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 24th 1885

Undertaker, Jos. H. Kerr

Place of Business, 107 West Baltimore

Wm A Blair M. D.,
Medical Attendant.

Address, 168 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5114136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* [illegible] *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Deerfield New Hampshire

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No 340 W Pratt st

Cause of Death, First (Primary,) Valvular Disease of Heart

Second (Immediate,) terminating in Dropsy

Duration of Last Sickness, 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Westport Cemetery

Date of Burial, Sept 23 81

J Edward Kirby M. D.
Medical Attendant.

Undertaker, Anthony & Sons

Place of Business, 1263 Lombard

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday. Sept 22nd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret E Nyspaud

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 356 N Durham St,

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup — ashmus asphyxia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bullemor Comfere

Date of Burial, Sept 23, 1881

Wilmer Bruton M. D.
Medical Attendant.

Undertaker, Kenny Hoerle

Place of Business, 32 & Eutaw Ave

Address, 25½ Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51438 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Lipsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 106. West St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Membranous Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 23

Undertaker, B. Merrill

Place of Business, 82 West St. *Address* 146 Hanover St

Signed Geo. Boyle M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 46 Pratt

Cause of Death, First, (Primary.)

Second, (Immediate.) Lung Fever

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 28th 81

Undertaker, M. Fraser

Place of Business, 280 Canton Ave

D. Deaton *M.D.,*

Medical Attendant.

Address, 2 Hillen

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57440 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21 '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosebud Ryl

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 61 S Stricker St

Cause of death, First, (Primary,) Malaria Fever

Second, (Immediate,) Double Pneumonia

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Battin Co

Date of Burial, Sep 24

Undertaker, J B Cook

Place of Business, 707 W Baltimore

W Keener *M. D.,*
Medical Attendant.

Address, 5 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddy Washington

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* — *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 42 Pierce st.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} No. 42 Pierce st.

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Convulsion

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22

Undertaker, William A. Fuge

Place of Business, 62 East St

F. B. Gardner M. D.
Medical Attendant,

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 37444 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Vincents Hospital

Cause of death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, Sept 22nd 188

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Edwd F. Michael M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5144/3

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Justus Adolph Bobbe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 25 *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Rear of St. Pauls Church, Eastern ave

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, German Unitat Cemetery

Date of Burial, 22th Septr. 1881

Thomas D. Evans M.D.,
Medical Attendant.

Undertaker, Wm. C. Nicolaus

Place of Business, 258 Alice Ann. *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Metzung

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} No. 72 Druid Hill Avenue.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 23rd 1881

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Chas. T. Semmes

Place of Business,

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51445

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Parks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} B & O. R R. Locust Point

Cause of Death, First, (Primary.) Accidentally Killed & run over by an Engine

Second, (Immediate.) on B & O. R R.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 22d 1881

Undertaker, John L Hoehn

Place of Business, No 157 Camden

Lat Bell *M.D.,*

Medical Attendant.

Coroner's Office

Address, 181 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51446 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended ~~any person in a last~~ illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 35 *Years,* — *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} 6 Emory St

Cause of death, First, (Primary,) Epilepsy - Sudden death

Second, (Immediate,) .....

Duration of Last Sickness, Has suffered from Epilepsy for 19 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 23 1881

Undertaker, John Meacham

Place of Business, 16 So Canada St *Address,* 283 W. Lombard

Edwd J. Nicholas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51447 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21 St 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie E Hayes.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, Three *Years,* Eight *Months,* *Days.*

Color, White.

Married, Single, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 126 South Bethel St.

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Diphtheria

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23d. Buffers 2 o'clock

Undertaker, Henry Schultheis

Place of Business, E Monument & 261

Milton A Taylor M.D.,
Medical Attendant.

Address, Broadway & Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51448

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Meyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Eleven *Months,* Fourteen *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 124 North Bethel Street

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Diphtheria

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd Half past 2 o'clock

Undertaker, Henry Schuttheis

Place of Business, E. Monument at 261

Milton N. Taylor M.D.,
Medical Attendant.

Address, Broadway & E. Lanvale st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51449

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 2 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Mason.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White.

Married, Single, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.} Single.

Occupation, Seamstress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 Hughes St.

Cause of Death, First, (Primary.) Intestinal Fever & Abscess in Appendix

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Sept. 22nd 1881.

Undertaker, ~~234 N. Gay St.~~ Wm. H. Hutchman

Place of Business, 234 N. Gay St.

Edmund P. Willis M.D.,
Medical Attendant.

Address, 162 E Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51450 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or ~~other person superintending the~~ burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1881 BALTIMORE

Date of Death, September 21/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wm Schiller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 321 N Duncan

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 23, 1881

Undertaker, Henry Hyatt

Place of Business, 30 Central Ave *Address,* 256 N Eu

F M Wane *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51451 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rudreph

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 414 N Charles St

Cause of death, First, (Primary,) Bright's Disease of Kidney

Second, (Immediate,) Malarial Fever. Convulsions

Duration of Last Sickness, Don't Know only Saw her first 19 inst

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 23rd

Undertaker, C. F. Krause

Place of Business,

Theodore Costa M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51452

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

THE BOARD OF HEALTH SEP 22 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Braun.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 12 *Years,* 10 *Months,* 14 *Days.*

Color, Col'd.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single.

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 90 Chesnut Av.

Cause of Death, First, (Primary.) Typho-Malarial Fever.

Second, (Immediate.)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23 1891

Undertaker, G W Chase

Place of Business, 198 Howard St

Wm. F. Swett M.D.,
Medical Attendant.

Address, 227 Cathedral Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann. M Donnell

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 143 Columbia st

Cause of Death { First, (Primary,) Second, (Immediate,) } Cerebro Spinal Meningitis 3 mos

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 24th 1881

Undertaker, Edward Hacker

Place of Business, No 150 Camden

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 514574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Walter Scott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirteen *Years,* — *Months,* Ten *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 349 Druid Hill Ave.

Cause of Death, First, (Primary.) Tabes Mesenterica

Second, (Immediate.)

Duration of Last Sickness, Nearly six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 23d 1881

Undertaker, J. E. Monghan

Place of Business, 320 Penna Ave

Elias C. Price M.D.,
Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51455

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Threlkeld

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, 1 8 *Months,* ~~Days~~.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 Eastern Ave

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem

Date of Burial, Sept. 23d 1881

Undertaker, Leonard Ritz

Place of Business, 122 S. Broadway.

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 22 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* one *Months,* Seven *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} #15 Chestnut st

Duration of Residence in the City of Baltimore, 3 yr 1 Month 7 days

Place of Death, {Give street and number.} #15 Chestnut st

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Sept 23rd 1891

Undertaker, Abraham Hyman

Place of Business, 13 Saratoga st

J Edmund Forsaith M. D.
Medical Attendant.

Address Aisquith & Lafayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Fuller Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 123 Mosher st

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Enteritis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 24th

Undertaker, J. Hough

Place of Business, Penna ave

H. H. Christian M.D.,
Medical Attendant.

Address, 431 Penna Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 37438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51458

The Physician who attended any person in a ~~last illness is responsible for the~~ presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellanora Habright

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ... *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 67 S. Fremont St

Cause of Death { First, (Primary.) Inanition

Second, (Immediate.)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 24

Undertaker, Henry Brill

Place of Business, Hanover 81

B. F. Phillips M. D.
Medical Attendant.

Address, 327 N. Gouldard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis E. Kurtz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 57 *Years,* 9 — *Months,* 16 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Carriage smith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, Abt 20 years.

Place of Death, {Give street and number.} 148. Division Str.

Cause of Death, First, (Primary.) Neuralgia

Second, (Immediate.) Congestive Chill

Duration of Last Sickness, Abt six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 24th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw

G A Johnson M.D.,
Medical Attendant.

Address, 86. E. Fayette Str,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE SEP 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Cook Fiser

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 0 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brick Burner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 53 Dr. Eutaw st

Cause of Death First, (Primary,) Typhoid

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 24th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw st

John Dickson *M. D.*
Medical Attendant.

Address, 261 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Estelle Simpson

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, ... *Years,* ..... 19 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B.C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 256 Chew St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Septicaemia

Duration of last Sickness, 18 days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 24th 1881

Undertaker, Wm H. Hackman

Place of Business, 234 & Gay St

Ina [redacted] Miller M. D.
Medical Attendant.

Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday - Sept. 23rd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence. Oliver. Black.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 2 *Days.*

Color, White-

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 Weber. Street,

Cause of Death First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Sept 24 th

Undertaker, H Brice

Place of Business, Henrietta 81

J. O. Harrington, M. D.
Medical Attendant.

Address, Cor Cross & Light Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie J. Hennard.

Sex, ~~Male~~ *Female,* { Cross out the words not required in this line. }

Age, 18 *Years,* *Months,* *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Drummondtown, Accomac Co, Va.

Duration of Residence in the City of Baltimore, 1 year.

Place of Death, { Give street and number. } 1262 Aliceanna St.

Cause of Death, { First (Primary,) Typhoid Fever, / Second (Immediate,) }

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 24th 1881

Undertaker, Andrews & Stack

Place of Business, 446 Dolphin ave

Wm. J. Howard M. D.
Medical Attendant.

Address 273 Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 514664 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1901

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Lamison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months.* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Corner Fulton and Fredk Av.

Cause of death, First, (Primary,) Pertussis, Complicated by Bronchitis

Second, (Immediate,)

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 24

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton Ave

Geo. A. Holyday M. D.,
Medical Attendant.

Address, Carroll Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 21 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Sabina Jeffs

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, ____ *Years,* 16 *Months,* 17 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eng Eng

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 393 S Sharp

Cause of Death, { First, (Primary,) Diphtheria of Fauces & Larynx Asphyxia
Second, (Immediate,) Laryngeal Diphtheria

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Sept 23 8

Undertaker, Dulany & Dean

Place of Business, 12 E Lexington St

S Sellman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, 3 Days —

Place of Death, {Give street and number} Nursery Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition (Inherited Syphilis?)

Second, (Immediate,) Convulsions

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 23

Undertaker, R. Leonard

Place of Business, ...

C. F. Bryan M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51467 *Office of Registrar of Vital Statistics.* Ward 6 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE CERTIFICATE SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22, 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi C. Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 127 Jefferson St

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Tubercular Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 24th /81

Undertaker, Wm Fry & Bro

Place of Business, 81 N. Broadway

Of Wm. L. Russell M. D.,
Medical Attendant.

Address, Broadway & Fleet Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51468 *Office of Registrar of Vital Statistics.* Ward 17 D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rebecca Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 116 Cookse st

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Hill Cemetery

Date of Burial, September 24

Undertaker, B. Hagel

Place of Business, 52 West St

E. W. Farnie M. D.,
Medical Attendant.

Address, 260 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond S. Savage

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 149 Harford Ave

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 24th /81

Undertaker, Geo. Schilling

Place of Business, Monument & Augusta St

Silas N Hunter M. D.
Medical Attendant.

Address, 86 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 23 2 PM BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Harvey — Father

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 Mos. *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 6 Mos.

Place of Death, {Give street and number.} 213 S Sangamon

Cause of Death, First, (Primary.)

Second, (Immediate.) Cyanosis

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 23 1881

Undertaker, Denny Undertaker

Place of Business, 600 W Fayette St *Address,*

Penderton Mr. Hayes *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51471

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 23 1 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Herbert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dr Marys Co

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} Josephs Hospital

Cause of Death, First, (Primary.) Pott's Disease

Second, (Immediate.) Exhaustion Inflammation

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 24th 1881

Undertaker, H. Schultheis

Place of Business,

Oscar J. Keller M.D.,
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51472 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Stricker

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 14 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Apprentice

Birthplace, { State or Country, and how long in the United States, if of foreign birth. } Germany - Residence here 3 weeks

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, { Give street and number. } University Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 24

Undertaker, B. Hart

Place of Business, 42 West St

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 51473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 2 PM 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 23 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Howard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore: since birth.

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 111 S. Caroline St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.)

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 25th 1881

A. F. Emich M.D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St. *Address,* 911 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23rd 81-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Wallace Poulston

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 1 *Years,* 9 *Months,* 00 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } "

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 105 Biddle St.

Cause of Death, { First (Primary,) Hooping Cough / Second (Immediate,) Dioeaemia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24th 1881

Edmunds M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 416 Druid ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51475 *Office of Registrar of Vital Statistics.* **Ward** 12 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella & James White Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 418 Cathedral St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 23 1881

James H. Stuart M. D.,

~~Medical Attendant.~~

Undertaker, Chas T. Scruse

Place of Business, N. Eutaw St *Address,* Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5476 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker~~ or other person superintending the burial, within *twenty-four hours* ~~after the death of said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Rountree

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Eden St near Madison

Cause of death, First, (Primary,) Orchitis (operation for removal of testicle City Hospital)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 24 1881

Undertaker, Henry Stock

Place of Business, 309 N. Central Ave *Address,* 256 N Eden St

H A Warner, *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bowie

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 1 Lebanon Court.

Cause of Death, First, (Primary.) Asthma.

Second, (Immediate,) Acute Bronchitis.

Duration of last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 9/23 24

Undertaker, John H. Bowers

Place of Business, 15-2 Lee St

A. G. Walls M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51478

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wenzel Bapes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Labor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } January 15 Years

Duration of Residence in the City of Baltimore, 120 N. Spring St

Place of Death, { Give street and number. } Phthisis Pulmonalis

Cause of Death, First, (Primary.)

Second, (Immediate.) Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Sep. 24th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

E. Hallerbach Jr. M.D.,
Medical Attendant.

Address, 151 August St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Lyons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 West.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Sept 26/81

Louis Chs. Korn *M.D.,*
Medical Attendant.

Undertaker, Fred R. Bartell

Place of Business, 62½ W. Balto St *Address,* cor Fremont & Lombard sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51489 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helcke L. Burnard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 1 *Months,* 31 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} W. 110 S. Lombard st

Cause of death, First, (Primary,) ——

Second, (Immediate,) Convulsions

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery.

Date of Burial, 24th of Sept.

Undertaker, Fred Baecke.

Place of Business, 29 S. Caroline st, *Address,* 125 Edn

L. Whitehurst M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51481 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23, 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co, Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 1334 St. Gay St.

Cause of death, First, (Primary,) Blow on the Head Causing Fracture of Frontal bone producing Some brain lesion

Second, (Immediate,) resulting in right Hemiplegia

Duration of Last Sickness, 38 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, Sept 25

Undertaker, Geo. Shilling

Place of Business, Ashland Bypass

[signature], *M. D.,*
Medical Attendant.

Address, 1[illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Law of [illegible]

Board of Health, City of Baltimore,

Permit No. 51482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 24 - 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Smyth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Marys Co - Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 26 Mulberry St

Cause of Death, First, (Primary.) Organic Heart Disease -

Second, (Immediate.) Gradual exhaustion

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 26th 1881

Richd Mc Sherry M.D.,
Medical Attendant.

Undertaker, Helm Watkins & Sloan

Place of Business, 78 W Chas St *Address,* 189 N Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/4/83

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

Date of Death, Sept. 23rd 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Buchanan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 226 N. Howard.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) .....

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, September 26th

Undertaker, W. J. Turner

Place of Business, 65 S. Eutaw

Louis Bohn *M.D.,*

Medical Attendant.

Address, 226 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51484

Office of Registrar of Vital Statistics.

The Physician ~~who attended~~ any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

Date of Death, September, 23rd 1881. 7 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of John Phillis Wells

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~: {Cross out the word not required in this line.} Infant

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 6 E. Baltimore St

Cause of Death, First, (Primary.) Erysipelas of head & face, no dentition

Second, (Immediate.) Caused by dislocation of right shoulder joint

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, Sept 24 1881

Undertaker, James O Byrne

Place of Business, 2063 N Fremont

A Traynor Thompson M.D.
Medical Attendant.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/c/85/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th Sept. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Dougherty

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, all his life ✓

Place of Death, { Give street and number } 491 E. Monument St.

Cause of Death, { First, (Primary,) Convulsions

{ Second, (Immediate,)

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Sept 25th 1881

E. J. Lons *M. D.*

Medical Attendant.

Undertaker, G. Gehlenbeck

Place of Business, 214 Eastern Ave *Address,* 317 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. GEN'L PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57486 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT Sep 23 1881 BALTIMORE

Date of Death, Sept. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary's Co. Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 107 S. Spring St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Dallas A. Cemetery

Date of Burial, Sept 24 1881

Undertaker, Chas J Locke

Place of Business, 423 Jefferson

L. S. Rinaman **M.D.,**
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

Board of Health, City of Baltimore,

Permit No. 57487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ~~death of said deceased, or sooner,~~ if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Meads

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Weeks *Years,* ~~6~~ *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Spring St No 125

Cause of Death, First, (Primary.) Spasmis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 24th 1881

Undertaker, Thos J Locke

Place of Business, 478 Jefferson St

F M Caulton M.D.,

Medical Attendant.

Address, No 36 Lewis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 5/4488 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker ~~or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. W. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 Essex

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 28th 1881

Undertaker, Benny H. Mitchell

Place of Business, 65 S Broadway *Address,* 71 S. Broadway

J. [illegible] Whitten M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51489 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FRIEN. SEP 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gerhman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ✓

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 259 S. Durham St

Cause of death, First, (Primary,) Cancer of Breast for years

Second, (Immediate,) Senile decay

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 24th 1881

Undertaker, M. France

Place of Business, —

James A. Stuart M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Register Death

Dur Durham

Exam by Bur Dig 28

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [illegible]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 57490 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Pearson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ~~4~~ *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liberty

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Stockholm St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem Perry

Date of Burial, Sept 24 Geo W Blake M. D.,

Undertaker, Hercules Ross Medical Attendant.

Place of Business, 95 Conway St *Address,* 168 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John D. Bakels

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 333 N. Central Ave

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Tams Cemetery

Date of Burial, Sept 24, 1881

E. B. Tenby *M. D.*
Medical Attendant.

Undertaker, Henry Roth

Place of Business, 309 Central Ave *Address,* 319 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 4 9 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 26 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ware

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Mulatto

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 32 Shuter 5

Cause of Death {First, (Primary,) Pneumonia Acute

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27 1887

Undertaker, Hemsley & Maddox

Place of Business, 16 N Charles St

Geo H. Jenkins M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51493

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Schimpf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 195 Lee St.

Cause of Death, First, (Primary.) Inherited Syphs.

Second, (Immediate.) Marasmus

Duration of last Sickness, All life

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept 24th 1881

J. R. Weller M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St. *Address,* 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nicholas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 25 S Stricker

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) —

Duration of last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Westview Cemetery

Date of Burial, Sep 25

Undertaker, Leigh B Cook

Place of Business, 70 Market Baltimore

Mark Kneal M. D.
Medical Attendant.

Address, 527 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51495

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 23. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rohnefuess.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and number.} 128 S. Chapel St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Puerperal Peritonitis,

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept 25th 81

Undertaker, M. Franz

Place of Business, 230 Eastern Ave

A. F. Erich M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51496 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 24th 9 A M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Kell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 257 S. Caroline St.

Cause of death, First, (Primary,) Pertussis or Whooping Cough

Second, (Immediate,) .....

Duration of Last Sickness, 1 week 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Wharf Cemetery

Date of Burial, Sept 26 1881

Undertaker, Alt Dupple

Place of Business, 8 Bond st

Jno. E. Donaldson M. D.,
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Wood

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Essex Co. Va

Duration of Residence in the ~~City~~ of Baltimore, 6 yrs

Place of Death, {Give street and number} 121 Wilcox st

Cause of Death { First, (Primary.) Consumption Fever / Second, (Immediate.) 3 Wks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, 24 Sept 1881

Geo. H. Dunn *M. D.*
Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta *Address,* 414 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and To List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 51498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Blumenroth

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 53 *Years,* 10 *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria, Germany.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 267 Bolton St.

Cause of Death, {First (Primary,) Bright's Disease

~~Second (Immediate,)~~ Has been sick for years

Duration of Last Sickness, I have attended him for the past 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept 25 th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

John A Ritchie M.D.
Medical Attendant.

Address, 273 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday, Sept. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren L. Warnick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 413 E. Eager St.

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asthenia & Asphyxia

Duration of last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem.

Date of Burial, Sept 25-1891

Wilmer Barnes M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St | *Address,* 28 S Howard Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DUBANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Bugle

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Banking

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 205 Bolton St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Pneumonia & Exhaustion

Duration of last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 25 1881

P. R. Thomas M. D.
Medical Attendant.

Undertaker, Edward L Mace

Place of Business, 31 Dol

Address, 234 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 51301

Board of Health, City of Baltimore,

Permit No. 51301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Sept 28th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M Wheat Wales

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Am Annapolis Co. Md.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number} # 5 E. John St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,) Ans

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Wilmer Harlow M. D.
Medical Attendant.

Address, 25 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. MURPHY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51502

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael S. Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore, 114 Germans St

Place of Death, {Give street and number.} Phthisis

Cause of Death, First, (Primary.) Haemorhage

Second, (Immediate.)

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 26th 1881

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Alexander Tinsley M.D.,
Medical Attendant.

Address, Corner.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/505

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche R. Brohawn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 226 E. Howard St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) .....

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem,

Date of Burial, Sept 25th 1881

Louis Chs. Horn *M.D.,*

Medical Attendant.

Undertaker, Wm. F. McKnew

Place of Business, 65 S. Eutaw *Address,* cor Paul & Fayette sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester A. C. Leffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 173 West of —

Cause of Death, {First (Primary,) ... Second (Immediate,)} Congestive Chills

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, 25th Sept. 1881

O. A. Hooke *M. D.*
Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 180 Henrietta

Address 244 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Sept. 23 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Watters

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} No. 5 Vincent alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27

Undertaker, William J. Sapp

Place of Business, 62 East St

Kummit Hays M. D.
Medical Attendant.

Address, 561 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51506

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Smallwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Anne's Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 216 Chesnut ~~St~~ Alley

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Rheumatism of the Heart

Duration of Last Sickness, about 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25 1881

Undertaker, ~~Hanley~~ & Madden

Place of Business, 1200 Harford Ave

Alexander Finlay M.D.,

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nichols

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 144 Dyson St.

Cause of Death First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount St Mary's

Date of Burial, Sept 25th 1887

Undertaker, Samuel M Chase

Place of Business, 19 S. Howard St.

Jno H Smith M. D.
Medical Attendant.

Address, 713 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51508

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 213 S. Howard St.

Cause of Death, First, (Primary.) Scrofula abscesses

Second, (Immediate.) Scrofula Phthesis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 25th 1881

Undertaker, Sam'l H. Chase

Place of Business, 198 S. Howard *Address,* 114 Hill St.

L. L. Lyles M.D.,
Medical Attendant.

L. DORSEY, M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 31507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Hartley

~~*Sex*~~, *Male* ~~*or Female*~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 1/2 Years

Place of Death, {Give street and number} 479 Saratoga

Cause of Death { First, (Primary,) Croup
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th 1881

{ *Undertaker,* Wm. P. Kennard
{ *Place of Business,* 311 Mulberry St

Chas. M. Cushman M. D.
Medical Attendant.

Address, 814 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/510

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Thos Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Rail Road Conductor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Berks Co Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight weeks, (2/)

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.t

Date of Burial, Sept 26th 1881

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

E Gkett M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/8// *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 25 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Henderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 16

Place of Death, {Give street and number.} 231 W^m St -

Cause of death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 26

Undertaker, B. Myers

Place of Business, 42 West St

H. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51512 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Ellen Hayes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 39 N Schroeder St.

Cause of death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) (Gradual Exhaustion)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sep. 26

Undertaker, E B Cook

Place of Business, 707 West Baltimore

John Neff M. D.,
Medical Attendant.

Address, 204 Caroleton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5732

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/5/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dean

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin, Ireland.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} No. 227 East Monument St.

Cause of Death {First, (Primary,) Organic Heart Disease
Second, (Immediate,) " " "

Duration of last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26 1881

Undertaker, John Kenney

Place of Business, 282 Orleans St

John Morris M. D.
Medical Attendant.

Address, No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/514 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1 PM BALTIMORE

CERTIFICATE OF ~~DEATH~~

Date of Death, Sept. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle McQuillin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Child.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Life time

Duration of Residence in the City of Baltimore, 88 McKim St

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 26 1881

Undertaker, John Kenney.

Place of Business, 382 Orleans St

Edwd. P. McDevitt *M.D.,*

Medical Attendant.

Address, 169 N. Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/5/5 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 BALTIMORE

Date of Death, Sept. 24th, 881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benigna Zenftkraft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Two months.

Place of Death, {Give street and number.} # 250 Alice Anna St.

Cause of death, First, (Primary,) Typhoid Fever followed

Second, (Immediate,) by still Birth.

Duration of Last Sickness, Fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept. 23 '81

Undertaker, M. Francis

Place of Business, 230 Canton

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5876

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catie Saurman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Co. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} ~~[illegible]~~ 84 No Eutaw St

Cause of Death First, (Primary,) ~~[illegible]~~ Scarlatina

Second, (Immediate,) Asphyxia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mexsleon County

Date of Burial, Sep 25, 1881

Undertaker, J. D. Rosenig

Place of Business, 97, Orleans.

Francis T. Shipley M. D.
Medical Attendant,

Address, 105 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51517

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gillman Keene

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* Five *Months,* ~~—~~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 166 W. Fayette St. B. C.

Cause of Death, First, (Primary,) Non-inflammatory Diarrhoea

Second, (Immediate,) Non-inflammatory Diarrhoea

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 25th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

D. J. Reinhart M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51518

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 359 E Lombard Street

Cause of Death, First, (Primary.) }
Second, (Immediate.) } Heart Disease
Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Asylum Cemetery

Date of Burial, Sept 25

Undertaker, H. Tippel

Place of Business, 1. Bond st. 15

Chas R North M.D.,
~~Medical Attendant.~~ Coroner

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51519

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT SEP 26 1891 BALTIMORE

Date of Death, September 24 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Clampitt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Brass Finisher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 86 North Paca St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cardiac Dropsy

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 26 1891

Undertaker, Wallace Cadogan

Place of Business, 22 Madison St

H B Fitcomb M.D.,
Medical Attendant.

Address, 616 W. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51520

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 25th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nine (9) *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No. 146. E. Lombard St.

Cause of Death, First, (Primary.) Typhoid Fever,

Second, (Immediate.) Asthenia

Duration of Last Sickness, 31 days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cem. Philadelphia road

Date of Burial, Sep. 26.

Undertaker, M. Goldsmith

Place of Business, 53 N. High St

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5152 / *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H. Gover

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} #303 Orleans St.

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Dyspnoea

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 26th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynch

Geo F Gayler M. D.,
Medical Attendant

Address, 229 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51522

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1884 BALTIMORE

Date of Death, September 25th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Kuhnle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Lewis St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Sept. 27. 1884.

D D Jones *M.D.,*
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 131 Orleans

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5423

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 26 [illegible]

Date of Death, September 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jacob Krümmel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* Eleven *Months,* Twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 200 S. Sharp st

Cause of Death, First, (Primary,) Basilar Meningitis (Primary tubercular).

Second, (Immediate,) Paralysis of the Heart

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetry

Date of Burial, Sep 26. 1881

Alfred Hanstale M. D.
Medical Attendant.

Undertaker, Ernst Schloman

Place of Business, 200 Sharp St. *Address,* 228 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 1891 BALTIMORE

Date of Death, Sept 5th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adrianne P. Bruyn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfast Ireland

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 326 N Stricker St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Malarial Fever

Duration of Last Sickness, two to three months

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial, Tuesday Sept 7th 1891

E Gover Coy M. D.
Medical Attendant.

Undertaker, John H. Weaver & Co

Place of Business, #22 W. Fayette St *Address* 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 57525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Paine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Three *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} # 58 N. Poplar below St

Cause of Death, First, (Primary.) Sparms

Second, (Immediate.) Afew hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Columbia Pd

Date of Burial, Monday Sep 26th 81

Undertaker, Or. J. T. Paine

Place of Business, Balt & Ohio Depot *Address,* 58 St. Paul Street

D. G. Sutherland M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2337 Transit

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled t*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty ~~of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josepha Pichelstiel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, fifty eight *Years,* ——— *Months,* eight *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number } 278 Cross St.

Cause of Death { First, (Primary,) Enteritis / Second, (Immediate,) Collapse.

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cemetery

Date of Burial, Sept 28th

Undertaker, [illegible] Sept 28 81

Place of Business, 82 West St.

Wm Gombel M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51527 *Office of Registrar of Vital Statistics.* **Ward** 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 26 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept 25/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Meyer of Annie C. Parent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/12 ~~Days~~

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 319 Lexington St

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) Insufficient heart

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 26th 1881

Undertaker, Adam Weidameyer

Place of Business, 518 W. Baltimore St

W. H. Keyser M. D.,

Medical Attendant.

Address, 5 W. Lafayette St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37528 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 26 1881 BALTIMORE

Date of Death, Sept 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline McKinley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 226 Mountjoy Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Cancer of the Stomach

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 26th 1881

Undertaker, Armstrong & Dean

Place of Business, 268 Lombard

Theodore Cotta M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57529

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1881 BALTIMORE

Date of Death, Sept. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schleed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, {Give street and number.} 168 S. Spring Street

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cemetery

Date of Burial, Sept 26

Undertaker, Mc P Mullen

Place of Business,

James C. McShane M.D.,
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 26 1881 BALTIMORE

Date of Death, Sept 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Two *Years,* 4 *Months,* *Days.*

Color, Light brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Pupil

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Two years 4 months

Place of Death, { Give street and number. } 45 S Eutaw Place

Cause of Death, First, (Primary.) Membranous

Second, (Immediate.) Diphtheria

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sep 26 1881

Undertaker, Abram Hayman

Place of Business, 913 Saratoga

B F Bohon **M.D.,**

Medical Attendant.

Address, Cor Eutaw & Saratoga

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/133/ *Office of Registrar of Vital Statistics.* Ward 7 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents names Wm. L. Russell & Cecelia Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 hours ~~Years~~, ~~Months~~, ~~Days.~~

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 238 N Broadway

Cause of death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 26th, 1881

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St

W. L. Russell M. D.,

Medical Attendant.

Address, Broadway & Fairmount Ave

HEALTH DEPARTMENT SEP 26 (82) BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/5312 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR SEP 26 BALTIMORE

Date of Death, Sept 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} Castle St, near Aisquith

Cause of death, First, (Primary,) Congestive Fever

Second, (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Orense Cemetery Baltimore County

Date of Burial, Sept 26th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Wm. L. Reese M. D.,
Medical Attendant.

Address. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her [illegible] or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 37533

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 Sept 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin A Wright

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 25/81

[illegible] M. D.

Medical Attendant.

Undertaker, Stewart & Maher

Place of Business, 35 Park Ave *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial can be Obtained without a Proper Certificate.~~

SEP 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Conner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 31 *Years,* 4 *Months,* ..... *Days.*

Color, Dark Brown

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Brick Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 30 Dolan alley

Cause of Death { First, (Primary,) Cancer of Stomach / Second, (Immediate,) Hemorrhage

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept 26 1881

Undertaker, Lowry & Chandlee

Place of Business, Pennsylvania Ave

Thos Dillon *M. D.*
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51535

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance O. Stack

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 132 McElderry st

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 132 McElderry st

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Meningitis

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 26th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Milton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51536

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased. or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
SEP
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabinianna Mayberry

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, Wht

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Keeping House

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 31 S. Wolfe.

Cause of Death, First, (Primary.) Apoplexia cerebri

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sept. 27th 1881

{*Undertaker,* Henry Shaw

{*Place of Business,* N. Gay St.

T. Mathews M.D.,
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 26 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ingie Carr

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Light Brown

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Maid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 33 State St.

Cause of Death First, (Primary.) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 21st 1884

Undertaker, Geo J Cook

Place of Business, ~~473~~ Jefferson

Chas Dickey M. D.
Medical Attendant.

Address, 26 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51538 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 26 1931 BALTIMORE

Date of Death, Sept 25 1931

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Wing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 795 So. Dukeman St.

Cause of death, First, (Primary,) Ty Phoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, One (1) Mnth

All the above information should be furnished by the Physician.

Place of Burial, Lorril Cemetery

Date of Burial, Sept 26

Undertaker, Theo J Locks

Place of Business, 73 Jefferson St

P. L. White M. D.,
Medical Attendant.

Address, 717 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51539 *Office of Registrar of Vital Statistics.* Ward 3 rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT SEP 26 1891 BALTIMORE

Date of Death, Sept. 24th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 257 E. Baltimore St.

Cause of death, First, (Primary,) Cardiac Asthma

Second, (Immediate,)

Duration of Last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cemetery

Date of Burial, ~~Sept 26 Wm Eslow~~

Undertaker, Wm Eslow

Place of Business, 101 Gough St *Address,*

Jno. E. Donnelly M. D., Medical Attendant.

2226 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57340 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 26 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ Sept 25 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Perlzweg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 266 S. Amity

Cause of death, First, (Primary,) Peritonitis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 days - Found patient dying on my

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sept. 26th 91

Undertaker, M. Frame

Place of Business, 280 Canton Ave

J. L. Williams M. D.,
Medical Attendant.

Address, 999 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 31541

Office of Registrar of Vital Statistics.

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART... CITY SEP 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1891 BALTIMORE

Date of Death, Sept 25 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bristow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Steamer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Aortic regurgitation, Brights Disease

Second, (Immediate.) Failure of heart action

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Sept- 26 /81

Undertaker, Fred'k A. Kercher

Place of Business, 50 S. Carrollton Ave

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Sept. 2338

Board of Health, City of Baltimore,

Permit No. 51343 *Office of Registrar of Vital Statistics.* **Ward** 3 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. E. Heiner

Sex, Male or Female, {Cross out the word not required in this line.} — Male —

Age, — *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 S. Ann St

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Dan Most time

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 28th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

C. B. Britton M. D.,

Medical Attendant.

Address, 57 So. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57644

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Phillips

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, seventy one *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Ins weeks.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Organic disease of heart

Second, (Immediate.)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 26th 1881

Undertaker, Henry Sander

Place of Business, 250 Canton Ave

E. Geo Keitt M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE SEP 27 1891

CERTIFICATE OF DEATH.

Date of Death, Sept 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wells

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 19 *Years,* + *Months,* *Days.*

Color, col'd *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anna Rundle Co

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 55 Oxford

Cause of Death, First (Primary,) Exposure

Second (Immediate,) Phthisis

Duration of Last Sickness, 3 mths

All the above information should be furnished by the Physician.

Place of Burial, Mt St Cemetery

Date of Burial, Sept 27 1891

Undertaker, Thos J Keighes

Place of Business, 60 E Bues St

Williams Lee *M. D.*
Medical Attendant.

Address Entrance Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57546

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Herkel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 172 Wolf St (South)

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) Croup.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, September 27

Undertaker, H Dupfel

Place of Business, 151 S Bond

Thomas B. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51547 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Wm Kinsler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1st & Hanover

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 27th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Erhlow M. D.,
Medical Attendant.

Address, 474 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51378

~~The~~ Physician who attended any person in a last illness is responsible for the ~~presentation~~ of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Patrick Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 41 Light South St

Cause of Death, First (Primary,) ——

Second (Immediate,) old age

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 27th

Undertaker, Geo. Schilling

Place of Business, 45 Holland Square

J. E. Linton M. D.
Medical Attendant.

Address ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 51321 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE SEP 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer A. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Monument St 3rd door east of Chester St

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Apnoea

Duration of Last Sickness, Unknown was called two days ago & found throat filled with membrane

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 29th

Undertaker, Geo. Schelling

Place of Business, Ashland Square

E B Dillon M. D.,
Medical Attendant.

Address, 54 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/530 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, ~~is responsible for~~ the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Amey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 6, 3, & 13.

Place of Death, {Give street and number.} 127 Fort ave

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemet.

Date of Burial, September 27th

Undertaker, B. Hark

Place of Business, 161 West St.

R C Lee M. D.,
Medical Attendant.

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1901 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 26th Sept 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Maier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 711 Ave. Opposite Jackson St Common

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cemetery

Date of Burial, Sept 28 27

Undertaker, B. Hart

Place of Business, 82 West St.

A. J. Wedge M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51532

Office of Registrar of Vital Statistics.

The Physician who attended any person in ~~it last illness is responsible~~ for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B. Yates

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (20 yrs -

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First, (Primary.) Apoplexy -

Second, (Immediate.)

Duration of Last Sickness, 2d attack

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, the 27th Sept

Chas. J. Colton M.D.,
Medical Attendant.

Undertaker, Mrs S. Kummel

Place of Business, 317 Mulberry St *Address,* 188 N. Calvert St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rosemer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} York Penna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dr Loughs Hospital

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pt Alfonsus

Date of Burial, Sept 28 1881

Undertaker, Henry Hook

Place of Business, 309 N. Central Av

Wm Hooker M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51334 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Russell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 14 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 3 years & half

Place of Death, {Give street and number.} 45 E. Eager St.

Cause of death, First, (Primary,) Nephritis —

Second, (Immediate,) Uraemia.

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, Sept 27, 1881

Undertaker, Henry Hook

Place of Business, 369 Central Ave *Address,* 2221 Broadway

Geo F Dayler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schrafft

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Constitution St No 22

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Center

Date of Burial, Sept 27 1881

Undertaker, Henry Gleeh

Place of Business, 209 Central Ave

O'L Mahon *M.D.,*

Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57556

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Winkler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 37 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 46 Lancaster st.

Cause of Death, First, (Primary.) Malarial fever

Second, (Immediate.) post partum hemorrhage

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, St Ulyshorsus Cemetery

Date of Burial, Sept 27, 1881

Undertaker, Henry Heath

Place of Business, 429 Central Ave

Wm. Geo. Deusch M.D.,
Medical Attendant.

Address, 1423 E. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Richmon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 219 Conway St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 28th 1881

Undertaker, Andrew & Hodges

Place of Business, No 406 Druid Hill Ave

D. H. Cairns M. D.
Medical Attendant,

Address, 76 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51538

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marshall Ash

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Brakeman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Vermont

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } Union R Road near Gay St. Res. 340 E Eager

Cause of Death, First, (Primary.) Accidentally by struck by bridge

Second, (Immediate.) Neck broken

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem

Date of Burial, Sept 28th 1881

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Chas R Walker M.D.,

~~Medical Attendant.~~

Address, Corner M & D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 37259

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar L. Stevens

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 2 *Months,* ____ 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number } 42 Lindsay Ave.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) "

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 28th 1881

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

H. L. Stockett M. D.
Medical Attendant.

Address, 102 W. Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51560

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Hagan

~~*Sex*~~, *Male* ~~*or Female*~~; {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* ——— *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md,

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} No 167 E Balto St

Cause of Death, First, (Primary.) Malformation Infantile

Second, (Immediate.) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Sep 27

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

Thos H Norris M.D.,
Medical Attendant.

Address, E Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51561 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Conner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 5-8 S. Eden St

Cause of Death, First, (Primary.) Pleurisy

Second, (Immediate.) Empyema.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 28 Sept 1881

Undertaker, Thos E Wrightson

Place of Business, 611 E Balto

J. W. Hook M.D.,
Medical Attendant.

Address, 93 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51542

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dores Bendler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 34 N. Green St.

Cause of Death, First, (Primary.)

Second, (Immediate.) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28th

Undertaker, F. N. Troll.

Place of Business, 131 Hanover St

R. J. N. Tall M.D.,
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight ~~hours~~ after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 27 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 81 *Years,* 4 *Months,* 16 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} #260 Lee St.

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) Inanition

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Sept 27th 1881

J. Julius Smith M. D.
Medical Attendant.

Undertaker, Wm J. Vickers

Place of Business, 65 S. Eutaw

Address, 221 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 51564

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Baden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* —— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 47 Parish alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Tabes mesenterica

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Sept 27th 1881

Undertaker, Wm. C. Burgee

Place of Business, 10 Stockton st

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Harlem Av. and Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2063

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT 21 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Sept 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Thomas

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 10 Stockton Alley

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 10 Stockton Alley

Cause of Death, { First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Sept 27th 1891

Undertaker, Wm. A. Lange

Place of Business, 10 Eaton st

Wm. Warner *M. D.*
Medical Attendant.

Address, Stockton Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 51566

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kallenberg

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar-maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany — 9 yrs in America

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } Dr Joseph's Hospital

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St James Cl

Date of Burial, Sept 27 1881

Undertaker, Henry Hook

Place of Business, 306 N. Eutaw

Dean J. Peters M.D.,
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51567

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Birch

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltin

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Mc Kim st.

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, Sept 27 1881

Undertaker, John Lake

Place of Business, 161 Balto St

C. A. Gaye M.D.,
Medical Attendant.

Address, 132 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michaelb Kate — Frahline

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female Parents

Age, one hour. *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 215 Preston St

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Premature birth - 7/2 months

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, [illegible] 27th 1881

Louis F. Knight M. D.
Medical Attendant.

Undertaker, [illegible] Mrs P Lambert

Place of Business, [illegible] *Address,* 112 N Greene
& 317 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANT & CO., CITY PRINTERS AND STATIONERS.

[ov 48.]

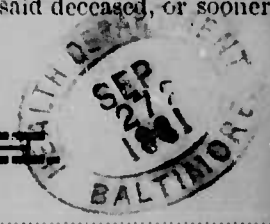
Board of Health, City of Baltimore,

Permit No. 51569

Office of Registrar of Vital Statistics.

The ~~Physician~~ who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredk. Wm. Dill.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Cooper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 295. S. Sharp. St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis.

Duration of Last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 28. 81

Undertaker, Philip S. Dill

Place of Business, 183. Columbia St.

R. J. H. Tall M.D.,
Medical Attendant.

Address, 152. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51570

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

Date of Death, 27th Sept 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Roughton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Clement St. No number near Johnson

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 28-1881

Undertaker, J. Hall

Place of Business, 52 West St

A. W. Dodge *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE U.S. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Margaret Ann Crotty

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cork Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 60 Biddle & Bond Sts

Cause of Death, First (Primary,) Supposed change of life

Second (Immediate,) Supposed, cancer of ovary or Spleen. no post-mortem

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem James A Steuart M. D.

Date of Burial, Sept. 27, 1881 Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address* 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 51532 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Dolins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, {Give street and number.} 247 E. Lombard

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Septem 28" 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51573 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Norton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 351 S. Bond St.

Cause of death, First, (Primary,) Diptheritic Croup.

Second, (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Sept 27 1881

Undertaker, Henry Sanders

Place of Business, 252 Canton Ave. *Address,* # 243 Alice Anna St

John H. Rehberger M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 413 Alice Anna Street

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, H. Wright Cem

Date of Burial, Sept 28th 1881

Undertaker, Henry Segatz

Place of Business, 453 Canton Ave

James F. H. Shaw *M.D.,*
Medical Attendant.

Address, 413 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th/881 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Madigan Daughter of Thos Madigan Widower

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 205 h Falls Ave

Cause of Death, First, (Primary.) Condition of Jones Falls, & the River

Second, (Immediate.) Malaria

Duration of Last Sickness, Nine Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 27/1881

A Lregg Shertzer M.D.,
Medical Attendant.

Undertaker, Jas O Byrne

Place of Business, 6 E Front *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51576. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 N. Castle St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Toxaemia

Duration of Last Sickness, One week & 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 27th 1881

Undertaker, [illegible]

Place of Business, [illegible]

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51577

Office of Registrar of Vital Statistics.

The Physician who attended ~~any person in a last illness is responsible~~ for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 27 1881 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Howe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 2 weeks

Place of Death, { Give street and number. } 57 President Street

Cause of Death, First, (Primary.) 2 ounces of laudanum ad-
Second, (Immediate.) 3 - ministered by Herself -

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E Balto Public Cemetery

Date of Burial, Sept 26

Undertaker, Mr B Mullin

Place of Business,

Charles Morf M.D.,
Coroner
Medical Attendant.

Address, 67 E Bath St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SEP 27 1891

Permit No. 51578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Fuller

Sex, [redacted] *or Female,* { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, City Since

Place of Death, { Give street and number } 83 N. Wolfe St.

Cause of Death, { First, (Primary,) } Inanition

{ Second, (Immediate,) } "

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

E. P. Burns *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 813 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51579

SEP 27 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora R. Barrackman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 169 N. Paca St.

Cause of Death, First, (Primary.) Old Age.

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 26

N. W. Littell M. D.
Medical Attendant.

Undertaker, C. W. Hazzard

Place of Business, 209 Pennsa Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 51380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ora Shaver

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 21 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 179 Canton Avenue

Cause of Death, First, (Primary.) 1 Catarrhal Bronchitis

Second, (Immediate.) 2

3

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, September 29

{ Undertaker, Patrick Mullin

{ Place of Business,

Arthur Marks M.D.,
Coroner
Medical Attendant.

Address, 67 Hall St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51581

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Koog

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 800 Hanover st

Cause of Death, First, (Primary.) Diphtheria Malignia

Second, (Immediate.) asphixia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 28th/81

Undertaker, C B Krause

Place of Business,

C L Cuddenbohn *M.D.,*

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51582

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, September 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Moog

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 4 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 300 Hanover st.

Cause of Death, First, (Primary.) Diphtheria Malignan

Second, (Immediate.) Prostration

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Sept 28th /81

Undertaker, C. F. Krauze

Place of Business,

C. L. Buddenbohn M.D.,

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hoog

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 300 Hanover st.

Cause of Death, First, (Primary.) Diphtheria Malig na

Second, (Immediate.) Asphixia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Sept 28th 81

Undertaker, C. F. Kraus

Place of Business,

O. A. Buddenbohn *M.D.,*

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51584 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 53 Burgundy Alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 28

Undertaker, Hercules Ross

Place of Business, 75 Conway St

Geo A Hark M. D.,
Medical Attendant.

Address, 16 S Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57585 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sutau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 1 *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #328 Canton Av.

Cause of death, First, (Primary,) Convulsions (Internal)

Second, (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem.

Date of Burial, Sept 29th 1881

Undertaker, Or Paul Sutau

Place of Business, 328 Canton

John H Rehbergen M. D.,
Medical Attendant.

Address, 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37386 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paulina Sable

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X Y

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md up

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 56 S. Paca St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of Last Sickness, 15 Hours. Saw her once

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, September 28

Undertaker, W Duffel

Place of Business, 141 S Bond

Jno E Smith M. D., Medical Attendant.

Address, 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51387 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Norris

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 18 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) —

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Sept 29 1881

Undertaker, I. M. Cook

Place of Business, —

Edw F. Smithson M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2339 Frans [over.]

Permit No. 57388 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Feldner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 18 Bluemel Ch

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 29 '81

Undertaker, Boyle

Place of Business, Hanover St

Theodore Bruns M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 57589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27/81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Wittenbright

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, _____ *Years,* _____ *Months,* 2 3 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } _____

Occupation, Nurse.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number } 116 St Mary's St

Cause of Death, First, (Primary,) Mesenteric

Second, (Immediate,) Convulsions,

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 28 / H. K. Fritchett M. D.

Medical Attendant.

Undertaker, Mr. T. Rammert

Place of Business, No 317 Mulberry *Address,* 205 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGANT & CO., CITY PRINTERS

[OVER.]

Permit No. 57390 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernie Foster

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 562 S. Charles

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Westen Cemetery

Date of Burial, September 29

Undertaker, B. Flick

Place of Business, 42 West St

Thomas Foster M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51591 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, of coqner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Pearce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co. Va.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 115 So. Bethel St.

Cause of death, First, (Primary,) Senile Decay

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 28 1881

Undertaker, Geo Roche

Place of Business, 473 Pratt St

F. L. Wilkins M. D.,
Medical Attendant.

Address, 99 So. Bowery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51594

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART SEP 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Meades

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 Mo K *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Spring St Baltimore Md

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give street and number.} No 105 Spring St

Cause of Death, First, (Primary.) Tetanus Spasmodic

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas at Elmsley

Date of Burial, Sept 28 81

Undertaker, Thos J McGee

Place of Business, 473 Jefferson

H Ernst M.D.,

Medical Attendant.

Address, No 38 Saratoga St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5 / 3 5 9 3

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1881

Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents. } Ann Sophia Buchanan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 *Years,* 9 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 38 S. Eutaw St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer of the Liver

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th Sept. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 S. Charles St.

Pembroke H. Stubbs M.D.,
Medical Attendant.

Address, No 205 N. Lanvale St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27. 11.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Leon McCallow.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Cor Oak & Federal Sts

Cause of Death, First (Primary,) Infantile

Second (Immediate,) Inanition

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept. 29 1881

G. Amass *M. D.*
Medical Attendant.

Undertaker, H W Mears

Place of Business, 57 Gay St *Address* H. W. Mears

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 51595 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Virginia Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, Nine Months, Seven Days.

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 94 N. Wolfe Street

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of Last Sickness, Forty Eight Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Sept. 28, 1881

Undertaker, Henry Sauden

Place of Business, 262 Canton Ave. *Address,* No 102 N Broadway

Wm H Henderson, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51596

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Bauer Jr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 152 East Canton Ave.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sept. 29 1881

Undertaker, Henry Sander.

Place of Business, 152 Canton Ave *Address,*

J. E. Little *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51597

The Physician who attended any person in a last illness ~~is responsible~~ for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 '87 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 8 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Margretta Gloo.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 23. *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 N. Wolf. St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jefferson St. near Pat't

Cause of Death, First (Primary,) Inanition

Second (Immediate.)

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Dr Albanus be

Date of Burial, Sep 28th

Undertaker, M. Michael Feurk

Place of Business, 35 Bank St *Address*

In Marlin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 51398 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Rowles

Sex, Male ~~*or Female*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, ~~*Widow or Widower?*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 S. Gilmor St

Cause of death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,) .....

Duration of Last Sickness, One day.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Wednesday, Sep. 28

Undertaker, Joseph B. Cook

Place of Business, 787 W Baltimore St

W. H. Lemmon M. D.,

Medical Attendant.

Address, 20 Cathedral, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57599 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Maguire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Tyrone Co Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} 1 N Bruce St

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) General Debility

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 29

Undertaker, D. K. Card

Place of Business, 707 N. Baltimore St

H. McSherry M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57600 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter B Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 131 N Londale St

Cause of death, First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sep 29

Undertaker, Joseph B Cook

Place of Business, 707 west Baltimore St

W Hodgen M. D.,
Medical Attendant.

Address, 17 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51601 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reggie Dorsey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 3 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore 77 Church St

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number. } 77 Church

Cause of death, First, (Primary,) Intermittent birth

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Shap's Ameto

Date of Burial, Sept 28 1881

Undertaker, John H. Owens

Place of Business, 15-2 Lee St

R. Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51602 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Herbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 7

Place of Death, {Give street and number.} 47 Church St.

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) Spasms

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 28 1881

Undertaker, John H. Owens

Place of Business, 152 Lee St

R. W. P. Ellis M. D.,
Medical Attendant.

Address, 313 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51603

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Walden

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, Dark Brown

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Clark Co. Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 52 Preston st

Cause of Death { First, (Primary,) Bright's Disease / Second, (Immediate,) Uræmia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Sept 28 - 1887

Undertaker Hemsley & Madden

Place of Business, ~~No.~~ 116 Orchard St

Jno Dixon M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 11604 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Wickman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 135 E Biddle St

Cause of death, First, (Primary,)

Second, (Immediate,) Membranous Croup.

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 29 1881

Undertaker, John W Jackson

Place of Business, 528 N Gay St

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Fiedler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 — *Years,* 6 — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 297 Caster ave

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) — do — Mc. Bowels —

Duration of Last Sickness, about 10 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Sep. 28th '81

Undertaker, M. Frano

Place of Business, 280 Caster ave

G. W. Johnson M.D.,
Medical Attendant.

Address, N. E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51606 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

SEP 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 Hamburg St

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Camden N.J.

Date of Burial, Friday Sep 29th

Undertaker, Armstrong & Denny

Place of Business, N W cor Monument & Eighth Address, 50 Warren Ave

H L Stobbe M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2340 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Sims

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 3 8 *Days.*

Color, c d

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number} 109 Pierce St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) do

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 28 1881

Undertaker, Wm C. Jordan

Place of Business, 63 Park ave

M. Hammond M. D.
Medical Attendant.

Address, 64 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

[illegible] & CO., CITY PRINTERS AND STATIONERS.

Permit No. 57608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, b e/c

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Lambert st

Cause of Death, First, (Primary.)

Second, (Immediate.) congestion of lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Church st cemetery

Date of Burial, Sept 29 1881

Undertaker, Hemsley and Chatham

Place of Business, Monument st

G Lane Tanneyhill *M.D.,*

Medical Attendant.

Address, 1211 Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51609 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday September 28 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Oliver Reese

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No. 26 Arlington avenue

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 29

Undertaker, Thos. L. Kemmerer

Place of Business,

J. Dimmitt Norris M. D.,
Medical Attendant.

Address, 161 W Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51610

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the ~~burial,~~ within *~~twenty four~~ hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT SEP 2 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lyle Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } No 357 Bethel St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept 30th 81

Undertaker, M. Francis

Place of Business, 250 Canton Ave

J. H. Smith M.D.,
Medical Attendant.

Address, 1st Bethel St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5 1611 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Jamace

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 3 Weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, 4th life

Place of Death, {Give street and number.} St. Vincents Inf. Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 29. 1881

Undertaker, Geo. Sheehan

Place of Business, 156 Division St.

Charles Brewer M. D.,
Medical Attendant

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57612

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Bradley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wicomico Co Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Reinaues Wharf

Cause of Death, First, (Primary.) 2/3 Accidentally Drowned

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Wicomico Co Md

Date of Burial, Sept 26th 1881

Chas. M. Morfit M.D.,
Medical Attendant.

Undertaker, John H. Weaver & Co

Place of Business, W. Fayette St *Address,* 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bell Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 79 Holland St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Meningitis

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 30 81

Undertaker, ____

Place of Business, ____

C. E. Klein M. D.
Medical Attendant.

Address, 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

Permit No. 37614 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person ~~superintending the burial~~, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Names D. R. Rogers & Georgiana Rogers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1/2 hour ~~Years,~~ ~~Months,~~ ~~Days.~~

Color,

~~*Married*~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Nr 360 E Madison St

Cause of death, First, (Primary,) Cause unknown

Second, (Immediate,)

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Sept 29-81

Undertaker, Fry & Son

Place of Business, 151 S Broadway *Address,* Broadway & Baltimore St

Wm. E. Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51615

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wood.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty five Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Workman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae.

Date of Burial, September 29th

Undertaker, Patrick Mullin

Place of Business,

E. Geo Keitt M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51616 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 28th 84

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fay

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* *Days.* —

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2 Thompson st

Cause of Death, First, (Primary.) Pneumonia Acute Pulmonary Tuberculosis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bello cemetery

Date of Burial, Sept 30 1881

Undertaker, James P Byrne

Place of Business, Front st

Geo Lynch M.D.,
Medical Attendant.

Address, Calvert Station

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5167 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5167

HEALTH DEPARTMENT SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. L. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 275 N. Howard St.

Cause of death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sep. 29th 1881

Undertaker, M. A. Sauer

Place of Business, 74 S. Broadway

G. G. Lusk M. D.,

Medical Attendant.

Address, 1 Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57618

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Newman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton, Talbert Co

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Spring St. near 19

Cause of Death, First, (Primary.) Infantile & Intermittent Fever

Second, (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 25

Undertaker, William Dwyer

Place of Business, 62 East St

John A Lilly M.D.,
Medical Attendant.

Address, N E Cor Lynch & Eden Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED SEP 28 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Sauer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cook Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~Balt Co~~, Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 116 Lurman St

Cause of Death { First, (Primary,) Pth Pneu

Second, (Immediate,)

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, Sept 28

Undertaker, Wilkinson & Dugee

Place of Business, 62 East St

Carl L. Kwan M. D.
Medical Attendant.

Address, 532 (illegible)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 Febr: 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Ringgold

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 29 *Years,* ~ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number} 55 Lexington St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) "

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md.

Date of Burial, 30th Sept. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles

F. Donaldson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2342 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR SEP 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Gribbin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 44 Cider alley

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,) do do

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 29th 1881

J. Bacon M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 N Liberty *Address,* Cor Argyle & Hudson Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Gribbin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Driver of Horses

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 44 Cider alley

Cause of Death {First, (Primary,) Consumption of Lungs
Second, (Immediate,) do. do.

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 29th 1881

J. Bacon *M. D.*
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 83 n Liberty *Address,* Cor Argyle ave & Baker st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 67623 *Office of Registrar of Vital Statistics.* Ward 1 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Brock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 1 *Months,* 8 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1414 So. Castle

Cause of death, First, (Primary.) Meningitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One (1) Month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept. 22 1891

Undertaker, Henry Sander

Place of Business, 250 252 Custom House Ave. *Address,*

D. L. Wilkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51624 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, ~~is responsible for the presentation of~~ this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Rhodes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months.* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 88 N Howard St

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) ~~Meningitis~~ Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 30th 1881

Undertaker, John S Mackey

Place of Business, No 150 Camden Address, 146 Howard St

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51625

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Waldmueller

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, House-work

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 337 Orleans.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas Cemetery

Date of Burial, April 30 1881

Undertaker, John Hannig

Place of Business, 882 Orleans St. *Address,* 245 E. Baltimore

F. Thilow M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Aug 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor Cor. John and Valley Streets

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 29th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* Calvert & Eager Sts.

J. M. Brooke Boyle M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Di Marco

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 ~~3~~ *Months,* 20 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 83 S. Howard St.

Cause of Death, First, (Primary.) Convulsions - was in a dying

Second, (Immediate.) condition when seen

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetary

Date of Burial, Friday Sept 30th 1881

Undertaker, Fred N. Frell

Place of Business, Hanover st near Lee *Address,*

S Theilken M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31628 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1881 BALTIMORE

Date of Death, Dec 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fritz Volf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, Dec 30th 1881

{*Undertaker,* Henry Sebelthies

{*Place of Business,*

W. Brooke Bayle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51629 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

51629

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Shilman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housekeeper.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No 161 Ensor St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 30 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Wm Whitredge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

~~Board of Health, City of Baltimore.~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 29 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin C Roughton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fourteen *Years,* Seven *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D.C 3½ Mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Woodward St

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician

Place of Burial, Mt Christ

Date of Burial, Sept 30 1881

Undertaker, J. Frank Evans

Place of Business. 664 W Balto St

Hugh Nelson M. D.
Medical Attendant.

Address Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51631 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person snperintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} /

Occupation, Child.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 90 E. Madison St

Cause of Death, First, (Primary.) Septicemia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 30 th

Undertaker, H. C. Wedefeld

Place of Business, 90 Greenmount Ave

Edward J. Wilkins *M.D.,*

Medical Attendant.

Address, 169 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57632 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lloyd Mitchell

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 76 *Years,* — *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Co, near Saint Michaels

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number. } 196 S. Dallas St.

Cause of death, First, (Primary,) Bronchial Asthma, Dropsy.

Second, (Immediate,) Cardiac Dropsy.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, Sept 30th 1881

Undertaker, Theodore J. Locks

Place of Business, 73 Jefferson st

A. V. Gouveiler, M. D.,
Medical Attendant.

Address, 144 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37883 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

51633

CERTIFICATE OF DEATH.

Date of Death, September 27 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 15 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 8 N. Castle St

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) ~~Diphtheritis~~ Apnoea.

Duration of Last Sickness, Just (5-) Days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Sept 30 1881

Undertaker, Wm J Lodge

Place of Business, 473 Jefferson st

Geo D Geyler M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Johanna Brennan

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, Forty nine (49) *Years,* Five (5) *Months,* Seventeen (17) *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany - Fourteen years residence in U. S and Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Bentalou St

Cause of Death, First, (Primary.) Chronic Gastro-intestinal catarrh

Second, (Immediate,) Exhaustion and Inanition

Duration of last Sickness, (Ind'd) about 2 months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 30 1881

C. C. McDowell M. D.
Medical Attendant.

Undertaker, John P. Paulus

Place of Business, Mc Fredk'w

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrika Zwickert

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 164 N. Amity St

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.) —

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 1st 1881

Jno C Benzine M. D.
Medical Attendant.

Undertaker, Michael Frank

Place of Business, No 35 Bank Address, 1 S Eutaw Bronson South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO.'S CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57636 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Annie Argnes.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} France. (12 yrs in U.S.)

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number.} 93 Lexington St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Supposed Cancer of Liver.

Duration of Last Sickness, under Treatment 4 months. Suffering about 18 mo.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 1st 1881

Undertaker, C. F. Krause

Place of Business,

R. J. N. Tall, M.D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51637 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

51637

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Tollison

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 61 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Mary's Co Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 230 E. Madison St

Cause of death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 1 1881

Undertaker, W. F. Curran

Place of Business, 53 S. Broadway

J. E. O'Sullivan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 51638 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who ~~attended any person~~ in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51638 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Rag-Gatherer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alabama.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number.} 207 N. Durham St.

Cause of death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 15 months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, Sept 30 1881

Undertaker, Pat Mullen

Place of Business, S. Pat Pk ave

Geo H Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51639

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH BOARD SEP 30 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Blk,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 wagon alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Sept 30 1881

Undertaker, W. Diamond Lengee

Place of Business, No 62 East Street

J. Shelton Hill *M.D.,*

Medical Attendant.

Address, 432 W Lafayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51610

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph McGlone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 126 Cathedral

Cause of Death, First, (Primary.) Dyspnoea

Second, (Immediate.) Convulsions &c

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 2nd 1881

C B Gamble M.D.,
Medical Attendant.

Undertaker, J. W. Jenkins Son

Place of Business, 75 N. Charles *Address,* 57 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51641

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH BOARD SEP 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. J. McAuliffe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* four *Months,* & Ten *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 168 Druid Hill Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) "

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetary

Date of Burial, Sept 30th 1881

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

Elias C Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51642 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51642

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Carter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 21 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.,

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} No 215 - N. Durham

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1881

Undertaker, Hennley & Maddux

Place of Business, No 116 Archer

Geo F. Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. J. W. K. Haskell

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 57 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Sea Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 34 South St

Cause of Death { First, (Primary,) Typhoid Malarial fever
Second, (Immediate,) Do Do

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 2

Undertaker, H. Dixel

Place of Business, 1 Bond 137

J. Bacon M. D. M. D.
Medical Attendant.

Address, Cor. Argyle ave. & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 51664

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Rode

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Corner of Cross and Hanover st.

Cause of Death, First, (Primary.) Hepatic Abcess

Second, (Immediate.) Prostration

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Sept 31st

Undertaker, Henry Boile

Place of Business, Henrietta St 81

C. L. Buddenbohm M.D.,
Medical Attendant.

Address, 166 L. Pacca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51645 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia R Cromwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* One *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 127 N Stricker St

Cause of death, First, (Primary,) ——

Second, (Immediate,) Typho Malarial Fever

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 30th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore *Address,* 168 Pacific

Jno D Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie McAllister

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, one *Years,* 8 *Months,* 9 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, his whole life

Place of Death, {Give street and number} 193 Pennsylvania ave

Cause of Death { First, (Primary,) Whooping cough
, Second, (Immediate,) Convulsions Ds Prostration

Duration of last Sickness, Five or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 30 of Sept

Undertaker, Chas. Scriven

Place of Business, 211 Eutaw st

Wm Hammond M. D.
Medical Attendant.

Address, 64 N Pacade

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gerk

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Biddle al

Cause of Death { First, (Primary,) Meningitis / Second, (Immediate,)

Duration of last Sickness, 4th week

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Sept 21st 1881

Undertaker, Geo Sifferman

Place of Business, 121 Penna Ave

R. Hinrlow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 51648 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper ~~Certificate~~

HEALTH DEPARTMENT SEP 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ritterich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 10 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Bradford alley

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 1st 1881

Undertaker, Henry Bein

Place of Business, 258 Aliceanna St *Address,* Comm of Health

James A Steuart M. D., Medical Attendant

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Geo E Brown

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 6 c 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 Sept. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Garrison

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, X *Years,* 2c *Months,* X *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 116 S. Washington St.

Cause of Death, First, (Primary.) Chronic Entero-Colitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park M. C.

Date of Burial, Oct 1st 1881

Undertaker, Wm. Wade

Place of Business, 20 Centre St

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37650 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta A. Sink

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Five (5) *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 329 N. Dallas St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2d August

Undertaker, Adam Sink

Place of Business, ~~461 W. Lay St~~ *Address,* 329 N. Dallas St

S. W. Flowers *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51651 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Breitschwerdt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} 263 Alice Anna St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Phthisis.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Sept 2nd 1881

A. F. Erich, M.D.,
Medical Attendant.

Undertaker, John C. Schuh

Place of Business, 266 Alice Anna *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51632 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 7 am.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Schroeder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 5 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, restaurant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} W. Baltimore near Calverton

Cause of death, First, (Primary,) Rheumatismus

Second, (Immediate,) Hydrothorax

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 2 1891

Undertaker, John P. Paulus

Place of Business, 66 Frederick Av

John J. Fitzer M. D.,

Medical Attendant.

Address, No 166 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Vansant Deceased

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 Battery Avenue

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pulmonic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 2nd

Undertaker, Armstrong & Denny

Place of Business, *Address,* 57 Hanover St

H B Stolle M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 188 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th September 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Elisabeth Meisner

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 6 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 34 Rose Str. Canton

Cause of Death First, (Primary,) .....

Second, (Immediate,) Atrophia infantum,

Duration of last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, Caroline St Luthren cem

Date of Burial, Oct 1st 1881

Robert Arthur Orman M. D.
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 847 86 Bank St. *Address,* 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 30 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 weeks *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Collington Avenue

Cause of Death, First (Primary,) Malarial fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 1st 1887

Undertaker, Denny & Mitchell

Address

Place of Business, 65 S Broadway

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57656

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dixon

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 49 Hanbert st

Cause of Death, First, (Primary.) Malarial fever

Second, (Immediate.) Gastro-enteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, October 1st 1881,

Undertaker, W. A. Daiger,

Place of Business, 74 S. Broadway

J. G. Dawes, M.D.,
Medical Attendant.

Address, ~~49 H. St~~ No. 3 N. B'way

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

M.D.

Permit No. 51657

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miles Kavanaugh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } 257 N. Central Ave

Cause of Death, First, (Primary.) Hepatic Abscess

Second, (Immediate.) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Byrnes Brew

Date of Burial, Oct 2d 1881

Undertaker, Jas P Byrne

Place of Business, Front St

Jno. Brooke Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51658

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Rosenberg.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } No 19 N. Amity. Catarrh

Cause of Death, First, (Primary.) Broncho Pulmonary

Second, (Immediate.) Asphyxia.

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Graveyard.

Date of Burial, Oct 2nd 1881

Undertaker, J. B. Cook

Place of Business, 717 W. Balto St.

E. Meiers M.D.,
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Celia Johnson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 274 McDonough St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, Unknown — Supposed about Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, October 2nd

Undertaker, Theodore G Lochs

Place of Business, 78 Gilmor St

S G Gross *M.D.,*

Medical Attendant.

Address, 837 Williams St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51660 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Sept 29 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Brannon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland - 30 years

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } University Hospital

Cause of Death, First, (Primary.) Pulmonary Congestion

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sept 30 81

Date of Burial, ~~St Louis~~ Cemetery

Undertaker, Fred'k A Kershner

Place of Business, 50 S Carrollton Ave.

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5766 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gorman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 86 Boyd St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Pats, Cemetery

Date of Burial, Oct 2. 1891.

Undertaker, Matthew Cadogan

Place of Business, 237 Madison St. *Address,* 214 Caroline St

John Duff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~*twenty-four hours* after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore. Twelve months

Place of Death, {Give street and number.} N. Strieker St No 483

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery L. G. Sparrow M. D.

Date of Burial, October 3d 1881 Medical Attendant.

Undertaker, Wm F Weaver

Place of Business, No 202 N Eutaw St *Address* 427 N. Strieker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57663

The Physician who attended any person in a last illness is responsible for the presentation ~~of this Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Clark.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N. E. Cor Carrollton & Eutaw Ave

Cause of Death First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) Uremia

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Oct 3rd 1881

Jno. J. Kirby *M. D.*

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette *Address,* 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57664

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 3 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 1887,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan'l F. Delaney

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower.~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 70 N. Gilmore St.

Cause of Death, First, (Primary.) "Meningitis"

Second, (Immediate.)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 3, 1887

Undertaker, Danl Mitchell

Place of Business, 550 W. Fayette St. *Address,* 584 W. Fayette St

J. S. Whitelaw M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57665 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 838 N Baltimore

Cause of death, First, (Primary.) Valvular disease of heart

Second, (Immediate,) General Anasarca

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 2 1881

Undertaker, R. F. Shields

Place of Business, 60 Carroll Ave

W. Keating M. D.,
Medical Attendant.

Address, W Lafayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51666 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma, Lina, Hillman

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* 29 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 148 N. Wolf st

Cause of death, First, (Primary,) Cholera, Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, October 2 and.

Undertaker, Armstrong & Denny

Place of Business, Light and Montgomery

Wm. L. Russell M. D.,

Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan A Emerth Newworth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Mass

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} No 198 Park ave

Cause of Death { First, (Primary,) — / Second, (Immediate,) Paralysis

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 2nd 1887

Undertaker, [illegible]

Place of Business, [illegible] Street

J J Steele *M. D.*
Medical Attendant,

Address, 206 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1861

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thomas Rigeley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 2 *Days.*

Color, Col *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 4 Harmony Lane Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 4 Harmony Lane Balt

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Meningitis

Duration of Last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 2 1861

Jas S. Fulton M. D.
Medical Attendant.

Undertaker, W Wolcase

Place of Business, [illegible] Address No 134 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 51669 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Symes.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} * S Neilson St

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 2 - 1881

Undertaker, Jas. P. Symes.

Place of Business, Front St

Thos A Shaw M. D.

Commissioner of Health

Address, & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth ... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ... cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

Permit No. 57670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

Date of Death, Oct 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guido Michel Antonio

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Abrahams Wharf

Cause of Death, First, (Primary.) 2 Accidentally Drowned

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Oct 1st 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

Charles McGuirk M.D.,
Coroner & Medical Attendant.

Address, 67 S Bal St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker~~ or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha, E. Dodson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Johnson Av

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, October 2.

Undertaker, B. Clarke

Place of Business, 892 West St

E. Bell M.D.,
Medical Attendant.

Address, 80 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51672

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Browning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Iron moulder

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital. Res 78 Baltimore Co

Cause of Death, First, (Primary.) Insolation

Second, (Immediate.)

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Bone Brea Cemetery

Date of Burial, October 3.

Undertaker, B. Hurle

Place of Business, No 42 West St.

Edm'd Rowalle M.D.,
Medical Attendant.

Address, Boston Mass

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51673

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 30 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Frankfurt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 60 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Stockton st

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Leader Hill

Date of Burial, Oct 1

Undertaker, C A Blizzard

Place of Business, 2010 Pr

D H P Thomas *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph Marshall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One Year, Six Months, ——— Days.

Color, Black

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, Eighteen Months.

Place of Death, {Give street and number.} # 20 Stockholm st.

Cause of Death, {First (Primary,) Marasmus

{Second (Immediate,)

Duration of Last Sickness, about Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Thorpe Street Cemetery

Date of Burial, Oct 2 1881

{*Undertaker,* Wilbur & Berger

{*Place of Business,* No 62 East Street

C. H. Rand M. D.
Medical Attendant.

Address 372 Lexington st.
removed from
18 S. Bond st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR OF VITAL STATISTICS 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mellvina Buckingham

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, One Months, Four Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 533 Light St

Cause of Death { First, (Primary,) Artificial Feeding
Second, (Immediate,) Marasmus

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem. Md

Date of Burial, Oct 1st 1881

Undertaker, E F Otterman

Place of Business,

B. F. Phillips M. D.
Medical Attendant.

Address, 927 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2344 Mar

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca J. Merryman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co. Md.

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, {Give street and number.} 425 Gilmor St.

Cause of Death, {First (Primary.) Second (Immediate.)} Had been suffering from Cardiac dropsy for several years. During the last few months it had fully developed. On Sept 22 was taken with Remittent fever. Eight hours before death urine was withdrawn and found loaded with albumen. Uraemia.

Duration of Last Sickness, About One Week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y M. C. Rd

Date of Burial, Oct 3/95

M. D.
Medical Attendant.

{*Undertaker,* Denny & Mitchell
Place of Business, 55 & 57 Fayette St} Address No 1 N. Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5677 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

5677

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep 30th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie O Mitchell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* ~~*Days.*~~

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 61 N Caroline st

Cause of death, First, (Primary,) Inflamation of Nasal & Pharyngeal membranes

Second, (Immediate,) followed by Epistaxis terminating in a Fit-

Duration of Last Sickness, 9 or 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 2d 1881

Undertaker, Frey & Bro

Place of Business, 81 N Broadway

J. Ridgway Andrew M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51678 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or~~ other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51678 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1881 BALTIMORE

Date of Death, Sept 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Isabella Everist

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Phila. Road,

Cause of death, First, (Primary,) & Malarial Fever

Second, (Immediate,) Prostration

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, N E Phila Road

Date of Burial, Oct 2 81

Undertaker, Fry & Lee

Place of Business, 54 h Broadway

G. G. Lusk *M. D.,*

Medical Attendant.

Address, Balt. & Market

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51679 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51679 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30" 1881 — 5 P. M.

Full Name of ~~Deceased~~, {Write legibly and spell correctly. If an Infant ~~not named, give names~~ of parents.} Mary Elizabeth Ringgold

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, / *Years,* / *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Raborg St. Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 3 Saratoga Court

Cause of death, First, (Primary,) .....

Second, (Immediate,) Infantile Convulsions

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 2

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Chas. E. Wingo M. D.,
Medical Attendant.

Address, 224 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-16850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Drummerler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hesterburg Germany

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number} 26 Rock St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Intussusception

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Oct 3d 1881

Undertaker, Kinnamon

Place of Business, Mulberry St

N. H. Littell, M. D.
Medical Attendant.

Address, 426 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 51681 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

№ 51681

CERTIFICATE OF DEATH.

Date of Death, October 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 212 Hartford Ave

Cause of death, First, (Primary,) (Double Pneumonia) Entero Colitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Oct 2, 1881

Undertaker, Henry Hecht

Place of Business, 309 Central Ave *Address,* 7th & Ferry Sts

C W Filson M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57682

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Byrne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 16 Concord St

Cause of Death, First, (Primary.) 2 Pneumonia Nascentium

Second, (Immediate.) 3

Duration of Last Sickness, abt 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 20th 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St

P. Le Monte M.D.,
Medical Attendant.

Address, 63 N Bals St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1, '01

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Fracture of base of Skull

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 2

Undertaker, J. J. Chalmers

Place of Business, 341 Penn ave

C. W. Mitchell *M.D.,*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51684 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51684 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1881 BALTIMORE

Date of Death, October 1 1881 10 30 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Pfpenbink

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59. *Years,* 9. *Months,* 11 *Days.*

Color, white

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 430 W Eight St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cancer

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Oct 3rd 1881

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore Street

John A Ziler M. D.,
Medical Attendant.

Address, No 160 Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57685 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57685 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles P. Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 86 Payson St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2nd 1881

Undertaker, J. B. Cook

Place of Business, 701 W. Balto st.

A. C. Fox M. D.,
Medical Attendant.

Address, 467 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57686

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

Date of Death, September 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Myers

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 308 Ramsay st

Cause of Death, First, (Primary.)

Second, (Immediate) Intercurrent Meningitis

Duration of Last Sickness, about 2. months

All the above information should be furnished by the Physician.

Place of Burial, Elicotts Landing

Date of Burial, Oct 2nd 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto st.

W. R. Williamson M.D.,

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57687

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

Date of Death, Oct 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eveline Loudloff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} NE Cor Oldham & Bond Sts

Cause of Death, First, (Primary.) 2 Inanition Malnutrition

Second, (Immediate.) 3

Duration of Last Sickness, abt 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 2 1881

Undertaker, John Heaney

Place of Business, 382 Orleans St

Chas. Mohr M.D.,
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51688. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

51688. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1891 BALTIMORE

Date of Death, Oct 1. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Beamer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1 Apple st. Ch.

Cause of death, First, (Primary,) Malformation

Second, (Immediate,) Ex Lanugo

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cemetery

Date of Burial, October 2nd

Undertaker, Ambrose Kochler

Place of Business, 24 & E Lombard St *Address,* G. C. Lee M. D.,

Medical Attendant

Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reinhard Loerng

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Quarry Ship Little Flenders near Wharf

Cause of Death, First, (Primary.) Melancholia

Second, (Immediate.) Suicide from pistol shot in face

Lead

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, October 2nd 1887

Undertaker, John C Schulz

Place of Business, 205 Alice Anne St *Address,* 67 E Balto St

Robt Morfit M.D.,
Medical Attendant.

Coroner E Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51690 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

51690

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE.

Date of Death, ~~Sept~~ Oct 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Nagle

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months.* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 98 Hamburg St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, October 3

Undertaker, B. Marks

Place of Business, 62 West St

Eugene Cole M. D., Medical Attendant.

Address, 146 Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Rebecca Hollin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire Lifetime

Place of Death, {Give street and number} 495 Franklin St

Cause of Death, First, (Primary,) Summer Complaint

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Her last sick 2 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Oct 2d (81)

Undertaker, J Frank Sours

Place of Business, 634 Balto St

W. H. Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 51692

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gillerin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sept

Place of Death, {Give street and number.} 44 Liberty Alley.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 3rd 1881

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Henry Smith *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Kroupe

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 60 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Charles St. (foot of)

Cause of Death First, (Primary,) Strangulated Hernia

Second, (Immediate,) Collapse

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 3rd 1881

Undertaker, C F Krause

Place of Business, ...

Wm Lowndes M. D.
Medical Attendant,

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Oct 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Burke

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 27 Warner St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion with general paralysis

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, Oct 3d 1881

Undertaker, John Mercer

Place of Business, No 150 Camden

A. H. Powers *M. D.*
Medical Attendant.

Address, 76 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57695 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 1st, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Drayger

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.} ✓

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover, Germany,

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 326 S. Bond St

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age,

Duration of Last Sickness, Two months,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, October 3d

Undertaker, [illegible]

Place of Business, [illegible] Bond St. 151

Nicholas L Dashiell, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51696

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Sept. 30, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Abbott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 97 S. Exeter

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebro-Spinal Meningitis.

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 3d

Undertaker, W. Pippel

Place of Business, 2 Bond St. 191

A. F. Eich *M.D.,*

Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* ~~after the death of said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Dottenweich

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 5 Fayette st.

Cause of Death { First, (Primary,) Croup

{ Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct. 2d 81

Undertaker, W. France

Place of Business, 220 Canton Ave

J. H. Ellenberg, M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57698

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melchior Frantz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 2yrs in Am

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Hospital

Cause of Death, First, (Primary.) Dilatation of Heart

Second, (Immediate.) Emp. Lung

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 3d 81

Undertaker, M. Shance

Place of Business, 201 Hanover

Chas J Kelly M.D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37699

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Mackey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 4 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 94 N. Holliday

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) [redacted] Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 3d 1881

Undertaker, Jno H Weaver & Son

Place of Business, 422 Fayette St *Address,* N. E. Cor Calvert Monument

..... *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 3 1921 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1921.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Baltimore~~ Irvin Ebley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* Twenty seven *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Washington Blvd & Fairmount home

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Congestion of the brain

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 3

Undertaker, Fry & Bro

Place of Business, 57 W Broadway

Milton S Taylor *M.D.,*

Medical Attendant.

Address, Broadway & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 2/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Barth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number.} 190 S. Regester

Cause of Death, First, (Primary.) Uraemic Convulsions

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, Octo 3 1881

Undertaker, John Henry

Place of Business, 382 Orleans St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 1178 E. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 51702 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hagan Duncan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 St Paul St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 3rd 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

J. D. V. Scarff M.D.,
Medical Attendant.

Address, 4 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Faber

Sex, Male. *Female.* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland — 40 years in U.S

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 40 Constitution

Cause of Death. First, (Primary.) Phthisis

Second, (Immediate.) Hemorrhage of from lungs

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 3d 1881

Undertaker, James E Byrne

Place of Business, No 63 N Gay St

Edmund R Walker M.D.,
Medical Attendant.

Address, Corner Bs P Ds

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd October 1881.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Kaiss

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 375 N. Gay St

Cause of Death, {First, (Primary,) Phthisis Pulmonalis. Second, (Immediate,) Convulsions (General)

Duration of last Sickness, About Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 3rd 1881

Undertaker, Jos B Carr

Place of Business, No 707 W Baltimore Street

Edwin B. Fenby. M D.

M. D.

Medical Attendant.

Address, 238 E Monument St

N. E. dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Eliza Albert

Sex, Male or Female, { cross out the word not required in this line. }

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } No 95 S. Chas St

Cause of Death, First, (Primary,) Cardiac disease

Second, (Immediate,) Edema of lungs

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 3rd 1881

Undertaker, H. H. Jenkins Son

Place of Business, No. 75 N. Charles *Address,*

D. Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 3 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Bonne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her lifetime

Place of Death, {Give street and number.} Carrollton Hotel Balto.

Cause of Death, First (Primary,) Ulceration with its concomitants

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, October 4th 1881

Undertaker, Henry St. Jenkins & Son

Place of Business, 751 N. Charles St.

Address 71 Franklin St.

F. A. Hillman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 51707

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, October 2nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Weinkam

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* 17 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 83 N. central Ave.

Cause of Death, First, (Primary.) Carcinoma Uteri,

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 4th

Undertaker, Geo Schilling

Place of Business, Ashland Square

A. F. Eich M.D.,
Medical Attendant.

Address, 21 & S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57708

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Crowley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Stockton St

Cause of Death, First, (Primary.) Internal Injury - from a fall

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 4

Undertaker, Wm Frank

Place of Business, 315 W. Balto

H G Houck *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kahl

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 72 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kurhessen - Germany 20 years in U.S. 3 Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Pennsylvania Av 468

Cause of Death, First, (Primary.) Apoplexie

Second, (Immediate,) Cessation of heart action

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 3 October 1881

Undertaker, Walter Emmert

Place of Business, 315 West Biddle *Address,* 224 West Fayette

L. D. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]LEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 51710 *Office of Registrar of Vital Statistics.* Ward 17 24

The Physician who attended ~~any person in~~ a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1894 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hutterbaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 5 2

Place of Death, {Give street and number.} 44 Abels alley

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Sepsis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 4th 3.

Undertaker, B Hart

Place of Business, 82 West St

Wm Deaver M. D., Medical Attendant.

Address, 813 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51711 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

51711

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT COMMISSIONER BALTIMORE

Date of Death, October 2 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred A. Dunn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 9 Hanover St

Cause of death, First, (Primary,) Possibly

Second, (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Oct. 3th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 222 N Broadway

G. Y. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 51712

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hunter Martel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 2786 Hunt st

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.)

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 1881

Undertaker, Hensley & Madden

Place of Business, 116 Orchard — *Address,* 2 N Broadway

D W Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OFFICE OF REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Stuart

Sex, Male or Female, { cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Balto & Harrison St

Cause of Death { First, (Primary,) old age & Senile
Second, (Immediate,) Asthenia

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Oct 3d 1881

F. E. Shatzer M. D.
Medical Attendant

Undertaker, Hy. W. Mears

Place of Business, 45 N. Gay St *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childre

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 57714

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Francis Hartsuden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 254 Lexington St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Enter-Colitis

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 31st 1881

Undertaker, Chas T Scriven

Place of Business, 2[illegible] Pulaski St

Edward P. McDevitt M.D.,
Medical Attendant.

Address, 162 N. Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51715

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 2/81

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Mrs P. Malloy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 8 *Months,* 11 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Storekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 123 E Washington St

Cause of Death, First, (Primary.) Alcoholism

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W.E. Gen. Phil. Road

Date of Burial, Oct. 4th 1881

Undertaker, H. A. Saiger

Place of Business, 7th S. Broadway

D. M. Mansfield *M.D.,*

Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57716 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Duncan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Can maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Born & lived

Place of Death, {Give street and number.} Ulrich & Cos Can factory S Bond

Cause of Death, First, (Primary.) 3 Malarial

Second, (Immediate.) 3 Congestive Chill

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, October 4th 1881

Undertaker, W. A. Saiger

Place of Business, 745 S Broadway

R. H. Mark M.D.,
Coroner
Medical Attendant.

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51717

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2 Oct 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Catherina Kapf

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* 9 *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 468 Lexington St

Cause of Death, First, (Primary.) Phthisis pulmonum.

Second, (Immediate.)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 4th 1881

Undertaker, Jos. B. Loch

Place of Business, 1072 W. Baltimore Street

Louis C. Horn M.D.,

Medical Attendant.

Address, 226 Paul Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5718

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 1 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Topman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Acute Gangrene of Intestine

Second, (Immediate.) Collapse

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, Oct 3 1888

Undertaker, H. H. Chase

Place of Business, 104 Howard St

Robert A. Welsh M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10, 2, 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Ponce

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wicomico Co Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number } 362 Mulberry

Cause of Death { First, (Primary.) Paralysis
Second, (Immediate.)

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 4th 1881

W. W. Eastman *M. D.*
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 51920 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernard McNally

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3d *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St Paul & Centre

Cause of Death, First, (Primary.) Congestive Fever

Second, (Immediate.) Congestion of Brain & Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 3 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Geo. B. Reynolds M.D.,
Medical Attendant.

Address, Calvert & Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57721

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th October 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Pfinner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 88 Lytinge St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Oct 3 1881

O Coffman M.D.,
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 309 Central Ave *Address,* 57 Aisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37722 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parthenia B. Webb.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 201 n. Fayette street

Cause of death, First, (Primary,) Paralytic stroke

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 3rd 1881

Undertaker, Wm Whitelaw

Place of Business, 550 W Fayette st

J. J. Litzer M. D., Medical Attendant.

Residence, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57723 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

Date of Death, October 3

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel McFadden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 *Years,* 2 *Months,* 9 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 12 - 2 - 9

Place of Death, { Give street and number. } 19 Bunworth st

Cause of death, First, (Primary,) Epilepsy 12 hrs standing

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 4th 1881

Undertaker, H. H. Jenkins & Son

Place of Business, 75 N. Charles St

H H Ellis M. D.,
Medical Attendant.

Address, 318 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51724 *Office of Registrar of Vital Statistics.* Ward 18 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. 51724

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 2. 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ricklein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 2 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 203 Wash St

Cause of death, First, (Primary,) Chills & Fever

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 3 1887

Undertaker, C. Petrauz

Place of Business,

Thos Corbett M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51725

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Sept 29. '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Doyle

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Probably England.

Duration of Residence in the City of Baltimore, Ten Days

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Oct 3/81

Undertaker, Fred'k Wiechmer

Place of Business, 50 Carrollton Ave.

C. W. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37726 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1 St 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 138 D. Dubleen

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Marasmus

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, oct 3 81

Undertaker, Theo J Locks

Place of Business, Jefferson st 74

J. L. Wiltin M. D., Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Permit No 37727 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who ~~attended any~~ person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 East St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Cemetery

Date of Burial, Oct 4th 1881

Undertaker, W. H. Bunce } James A Steuart M. D., Medical Attendant

Place of Business, East St } *Address,* Comm'r of Health

Examined J. P. Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 51728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter ~~Hartman~~ Wickman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Fayette St ~ 135 ~

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery Cramps

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery

Date of Burial, Oct 4 1881

Undertaker, John W Jackson

Place of Business, 528 E Gay St

W C Mahon M.D.,
Medical Attendant.

Address, E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Oct 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Butler

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland all his life

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 230 Vine St

Cause of Death, { First, (Primary,) Cholera Infantum / Second, (Immediate,) 2 days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 3 1881

Undertaker, William Udouge

Place of Business, No 62 East Shore

Dennett Mons M. D.
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5 1730 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1 — 1881 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Blackstone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 91 *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Sixty (60) Years

Place of Death, {Give street and number.} 105 N Dallas St.

Cause of death, First, (Primary,) Dysentery (Chronic)

Second, (Immediate) Senile Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 3

Undertaker, Thos. of Jas.

Place of Business, 19 Exeter St.

G J Jayne M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robert Douglas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 245 E. Fayette St

Cause of Death, First, (Primary.) Typhoid fever.

Second, (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 4th 1881

Undertaker, Armstrong & Lamy

Place of Business, 263 Light St

James S. Mayo M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 51732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

Date of Death, Oct 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Campbell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number} 235 Preston st

Cause of Death First, (Primary,) Malnutrition

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Smart st Cemetery

Date of Burial, Oct 4th 1881

Undertaker, Jerry Zach Madden

Place of Business 116 Woodward St

R Winslow M. D.
Medical Attendant.

Address, 2010 Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57733 .

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna Sophia Mayer.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 — *Years,* 11 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single -

Occupation, Seamstress. —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 75 Orleans Str -

Cause of Death, First, (Primary.) Broken down System from overtaxation of the physical Strength

Second, (Immediate.) Typhus - malarial Fever -

Duration of Last Sickness, - Fortten days -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 6 - 1881

Undertaker, J. D. Rossing

Place of Business, Orleans near Canal

G. A. Dohme M.D.,
Medical Attendant.

Address, 86 E. Fayette Str.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51734

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 2[illegible], 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No. 88 Eden St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 4th '81

Undertaker, Wm. France

Place of Business, 251 Canton Ave *Address,*

[illegible] *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 81 No 6 N. Durham St

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Annie Holcahaus

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} No 6 N. Durham St.

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Cerebral Meningitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 4th 81

E. T. Ivins M. D.
Medical Attendant.

Undertaker, M. Franco

Place of Business, 280 Canton Ave *Address,* ~~4~~ 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That wherever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 17 *Years,* 7 *Months,* 6 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Scholar

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2. St. Paul's County

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Contracted [illegible] about a month before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Sanitary

Date of Burial, Oct 4.

Undertaker, G.W. Perkins & Co

Place of Business, 130 Henrietta St

A. T. Bree ..... M. D.

Medical Attendant.

Address 23 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51737 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2d 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Thirteen *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 82 Welcome Alley

Cause of death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Inanition

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Sanitary

Date of Burial, Oct 4

Undertaker, G. W. Perkins, & Co

Place of Business, 130 Henrietta St

Julius Hall M. D.,
Medical Attendant.
Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Wallace

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* 27 *Days.*

~~Color~~, —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bucks Co — Penna

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 66 S. Eutaw St

Cause of Death, First, (Primary,) Carcinoma (Duodenum)

Second, (Immediate,) Asthenia

Duration of last Sickness, about 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Octob 5th 81

C. C. McDowell M. D.
Medical Attendant.

Undertaker, John O'Neill

Place of Business, 411 E Balto *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 51729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Boston

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 33 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 422 Scott St

Cause of Death, First, (Primary,) Chronic Bronchitis & Emphysema of Lungs

Second, (Immediate,) Phthisis

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, October 5 81

Undertaker, Philip S. Fill

Place of Business, 183 Co[illegible] Av

Gev G. Brewer M. D.
Medical Attendant.

Address, 258 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57740 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd, '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Birmingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver of [redacted] Dyer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} [redacted]

Duration of Residence in the City of Baltimore, 18 yrs,

Place of Death, {Give street and number.} 146 S. Central Ave

Cause of Death, First, (Primary.) Delirium Tremens,

Second, (Immediate.)

Duration of Last Sickness, 33 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetry

Date of Burial, October 5.

Undertaker, John Bloltkamp,

Place of Business, 260 E. Lombard St *Address,*

John F. Monmonier M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51741 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Samuels

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sheffield, Yorkshire England

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 296 N. Londonst

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Hebrew cemetery

Date of Burial, Oct 4th 1881

Undertaker, Jos. B. Loth

Place of Business, No 707 W. Baltimore Street

A. W. Freeburn M.D.,
Medical Attendant.

Address, 343 N. London

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51742

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ——— *Days.*

Color, Brown Skin

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Entero Colitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Oct 4th 1881

Undertaker, Pat Mullin

Place of Business, S. Patterson Pk *Address,* 127 St Paul

J. F. Ward *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51743 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George William Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 24 *Days.*

Color, Colored *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Parrish St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia, from closing of throat.

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, oct 5 1881

Undertaker, Wilbon & Long

Place of Business, No 62 East St

J. M. Jordan M. D.
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 67744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this ~~Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under ~~penalty of law~~.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie H. C. Cook

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 582 Hanover

Cause of Death First, (Primary,) Ulcerative Gastritis

Second, (Immediate,) Peritonitis

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oct 5 th

Undertaker, Henry Brice

Place of Business, Hanover 81

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE OCT 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Priesterjahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, forty-six *Years,* *Months,* *Days.*

Color, White,

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet Maker,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Brunswick, Germany,

Duration of Residence in the City of Baltimore, Twenty-eight years

Place of Death, {Give street and number.} 218 Alice Ann St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Haemoptysis.

Duration of Last Sickness, Half an Hour.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct. 4th 1881

Undertaker, H. Sander & Son.

Place of Business, 252 Canton Ave. *Address,* 207 S. Broadway.

Nicholas L. Dashiell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57746

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Mullen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 419 Caroline Ave.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, Oct. 4th 1881

Undertaker, H. Sander & Son.

Place of Business, 252 Canton Ave.

H. Murgatroyd Buckler, M.D.,
Medical Attendant.

Address, 1281 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt...

Permit No. 37747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Maher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Eager St 479

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 5th 1881

Undertaker, Henry Stock

Place of Business, 5 Central Ave

O Sollers M.D.,

Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 57748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1881 BALTIMORE

Date of Death, October 2 '88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorenzo Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 61 *Months,* 0 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 1 Redmans Court

Cause of Death, First, (Primary.) Natural
Exhaustion from
Second, (Immediate.) Marasmus

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Oct 4

Undertaker, L Davis

Place of Business, 113 Lee st

J. E. Weis ..... *M.D.,*
Medical Attendant.

Address, 95 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 51749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Langlais

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 76 E. Biddle St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Debility

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 31st 1891

H. R. Huttenhall M. D.
Medical Attendant.

Undertaker, Wm H. Hartman

Place of Business, 234 N Gay St.

Address, 205 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51750 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Pridgeon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 8 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Book binder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 406 E. Eager St

Cause of death, First, (Primary,) Cancer of stomach

Second, (Immediate,) asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 5th 1881

Undertaker, Wm H Hickman

Place of Business, 234 W Gay St

Jno. S. Lynch *M. D.,*
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57751

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person ~~superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mohn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Unknown

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Insolation

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 3 /81

Undertaker, Fred'k A. Kirchner

Place of Business, 50 S. Carrollton Ave

C. H. Mitchell M.D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5175 2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Carter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 215 N. Durham St.

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Toxaemia

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 4 - 81

Undertaker, Kennedy & Madden

Place of Business, 116 Orchard St

George F. Dayler M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 51953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Scherpan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ~~Years~~, ~~Months~~, 13 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } h. 92 Fell st

Cause of Death, First, (Primary.) Jaundice,

Second, (Immediate.) Inanition

Duration of Last Sickness, — 13 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Oct. 4th 1881

Undertaker, Wm. Nicolaus

Place of Business, 258 Aisquith St. near St.

Thomas J. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 51754

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 2 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Sak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Mothers arms in Carr 1st ward

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, [redacted] 1 week

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, October 4

Undertaker, Patrick Mullin

Place of Business,

Chas M. Knopf M.D.,
Corner E & Fort Medical Attendant.

Address, 6 & 8 Butler St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(over)

Board of Health, City of Baltimore.

Permit No. 5 1755 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if ~~requested~~ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo & Mary Weidensommer Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 9/18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6. Second St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Spasms

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 5th 1881

Undertaker, C. Schulman

Place of Business, ~~~~

James A Steuart M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Extract by L. V. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Ott

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 102 Battery ave Cor West St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 5th oct

Undertaker, B. Harle

Place of Business, 82 West St

Geo. G. Brewer M. D.
Medical Attendant.

Address. 258 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. ... & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia H Heuser

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 55 *Years,* 2. *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Wife

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} 3439 W. Lombard St

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 6th 1881

B. F. Phillips M. D.
Medical Attendant.

Undertaker, Or Dr. A. W. Colburn

Place of Business, 343 W. Lombard *Address,* 3279 W. Lombard St

S6

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial can be Obtained without a Proper Certificate.~~

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Nancy Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *~~Months,~~* *~~Days.~~*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~ {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} # 140 Pratt no St.

Cause of Death, {First (Primary,) Senility.
Second (Immediate,) Marasmus.

Duration of Last Sickness, 5 years —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 5th 1881

Undertaker, Joseph F Byrne

Place of Business, 52 n Liberty

Edward H. Mac M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Tracey

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 36 ~ *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, House servant

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 366 Division St

Cause of Death, First, (Primary.) Cancer of breast

Second, (Immediate,) 4

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, 5 Mar 81

J. Bruce Coleman M. D.
Medical Attendant.

Undertaker, Mr. McCaddon

Place of Business, 227 Myrtle Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventeen *Years,* three *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} No 20 N Central ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem ground

Date of Burial, 3rd

Undertaker, Chesmore & Carter

Place of Business, 22 Lyford st

Whitehead Minor M. D.
Medical Attendant.

Address, 169 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 h Tuesday Oct 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Schmiddell

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 8 O Donnell St city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 8 O Donnell St

Cause of Death, First (Primary,) Inanation

Second (Immediate,) Convulsion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, October 5th.

Undertaker, H M Gilmeyer

Place of Business, 341 Canton Avenue

J E Prichard M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

11

[OVER.]

Board of Health, City of Baltimore

Permit No. 51762 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Dahlweiner

Sex; Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt'n. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Booth St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Dentition

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 5. 1881

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

H. F. Hill M. D.,

Medical Attendant.

Address, 301 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57763

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, ~~under penalty of law.~~

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 4 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Henry Johnston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 608 W Pacy St

Cause of Death, { First, (Primary.) Colic Spasmodic Contraction

Second, (Immediate.) 1 - day

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct. 5, 1881

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Dr. J. Hurst M.D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba[illegible]

Permit No. 51764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT [illegible] BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Ecker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } No. 129 E [illegible]

Cause of Death, { First, (Primary.) Phthisis Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Rock Creek

Date of Burial, Oct 6th 1881

{ *Undertaker,* Caspar Eckhardt
{ *Place of Business,* 269 Canton Ave

[illegible] M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51765 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Liefle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color. white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, store - keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} cor Gough & Ann streets

Cause of death, First, (Primary,)

Second, (Immediate,) Congestion of the lungs.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

J. J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5 1766 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Imhof

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 1 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, Gardener

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 217 E. Eager St

Cause of death, First, (Primary,) Pulmonary Congestion

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus Cem

Date of Burial, Oct 6, 1881

Undertaker, Henry Hoch

Place of Business, 300 Central Ave *Address,* 474 E Eager St

J Wesselius M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51767 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1891 BALT. ORE.

Date of Death, October 4th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Grandison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, Bl

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Vine St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. Va.

Date of Burial, Oct 5th 1891

Undertaker, S. W. Clemm

Place of Business, 193 Clemm St. *Address,* Hospital Dispensary

E. J. Britton, *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 2 *Months,* 3 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cart-driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annerundle Co

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} #27 Lewis st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th

Undertaker, Mrs. Thayer

Place of Business, 13 Hanover st

T. J. Meehan *M. D.*

Medical Attendant.

Address #15 Fitzwidt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51769 *Office of Registrar of Vital Statistics.* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine McAdams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Scott

Cause of death, First, (Primary,) Hemorhage ~~and~~ of the Bowels

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 5th October

Edw J. Millwee M. D., Medical Attendant.

Undertaker, Matthew Carlin

Place of Business, 227 Bridge *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51770

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Johnstone

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Two *Months,* 1/2 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 1/2 Carleton 21

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 1/2 Carleton 21

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Sick 9 or 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6 1881

Undertaker, W. Simmons

Place of Business, No 62 Eutaw St

Wm K Dunn M. D.
Medical Attendant.

Address, 688 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILBERT & CO., CITY PRINTERS AND STATIONERS

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 8 Parish Alley

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number } No 8 Parish Alley

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Whooping Cough

Duration of last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4 1881

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5177 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 85 N. Durham St

Cause of death, First, (Primary,) Melanepasia -

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 24 hours -

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Oct 5th 1881

Undertaker, Theo J Locke

Place of Business, 403 Gilmor St

Geo. F. Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51773 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Hankins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* 21 *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 425 E. Eager St

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Laryngeal "

Duration of Last Sickness, Several days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 6th

Undertaker, George Schilling

Place of Business, 425 E. Eager Street

H. O. White, M. D.,
Medical Attendant.

Address, 1809 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51774

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881 Christmas Fischer

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k W. Feozer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 S. Eutaw

Cause of Death; First, (Primary.)

Second, (Immediate.) Diphtheritic Laryngitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 6.

Undertaker, Ernst Schlamer

Place of Business, 200 Sharp St

R. J. N. Tall M.D.,
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases for Which no Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Virginia Lashley

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number} 81 Clinton

Cause of Death {First, (Primary,) Organic Disease of Heart
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 6th 1881

Undertaker, H. C. Lichtner

Place of Business, 65 S. Eutaw St

Geo. H. Jarvis M. D.
Medical Attendant.

Address, 44 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. D. ...LANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 1881 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Burnhart.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 (?) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Melancholia,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Thirty four hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 5th 1881

Undertaker, P. Mullin

Place of Business, P. Park ave

G. Keith M.D.,
Medical Attendant.

Address, City Hall

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51777 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1891 BALTIMORE

Date of Death, Oct 5th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 201 Wash st

Cause of death, First, (Primary,) ~~Scarlatina~~ Scrofula

Second, (Immediate,) Tuberculer Meningitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Octo 6

Undertaker, C. F. Krause

Place of Business, Hanover St

Jeff Redmond Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57778

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Plummer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 157 Dallis st

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green st cemetery

Date of Burial, October 6.

Undertaker, John Blotkamp.

Place of Business, 169 E. Lombard st

D W Cathell M.D.,
Medical Attendant.

Address, 2 W Bruce

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 37779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octr. 4. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Jno. Sothoron

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Solo. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, { Give street and number. } 34 S. Stricker

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, 2 Months 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 6

Undertaker, J B Cook

Place of Business, 707 West Baltimore

H. Christian M.D.,
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51780

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ballett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No. 27 Bank St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct. 6th 1881

Undertaker, H. A. Gilmeyer

Place of Business, 230 Eastern Ave.

W. H. Keating *M.D.,*

Medical Attendant.

Address, 27 Bank St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51784

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Fanny Woods

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 246 Carrollton Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, General Debility

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Oct 6th 1881

Undertaker, Cemy & Mitchell

Place of Business, 350 W Fayette St *Address,*

Alan P Smith *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51782 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christena Hoppert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 242 E. Madison St.

Cause of death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 5th 1881

Undertaker, John Feeney

Place of Business, 882 Orleans St

Geo F Dayler M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Deck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years.* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Garbage-man

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 116 N Schroeder

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, S. Alphonsus

Date of Burial, Oct 6" 1881

Undertaker, Wm P. Kenny

Place of Business, Mulberry & *Address,* 39 N Caroline

Thos Opie *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 / 7 8 4 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harry Dill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* Nine *Months,* Twenty Nine *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} No. 480 East Monument St.

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Ct. Olivet Cem.

Date of Burial, Oct 6, 1881

Undertaker, Henry Koch

Place of Business, 208 Central Ave *Address,* No 102 N. Broadway

Wm. H. Cleudinin, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67785 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* 7 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Seamstress,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Life time

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 90 N Dallas st

Cause of death, First, (Primary,) Typho Malaria Fever

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Cemetery

Date of Burial, Oct 6th 1881

Undertaker, Theodore G Koch

Place of Business, 23 Patterson Pl

Wm. E. Russell M. D.,
Medical Attendant.

Address, No 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 57786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hasel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years.* 2 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourteen Yrs

Place of Death, {Give street and number.} 82 Eastern Ave

Cause of Death, First, (Primary.) Effusion

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Some Months I have not seen him for 2 Months thought it useless to visit him

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Oct 6th 1881.

A Lr. Schentzer M.D.,
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Address, 11 S. Hutt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 51787

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Brock

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 18 *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 238 Raborg St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Oct 6th 1881

Undertaker, Wm V Dunger

Place of Business, 62 East 8t

J. Shelton Hill M.D.,
Medical Attendant.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Mathews

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Four *Months,* Twelve *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 3 Wright alley

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) }

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 6th 1881

Undertaker, Wm. V. Benzee

Place of Business, 62 East, St.

H. L. Bowie M. D.
Medical Attendant.

Address 210 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51789 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 5 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella V. Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 S. Frank. St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Prot. B.B.

Date of Burial, October 6th

Undertaker. Wendell Dippel

Place of Business, 26 Bond st. 154

E. L. Lusk M. D.,

Medical Attendant.

Address, Balt. & Frank. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51790 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Ridgaway,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Jefferson St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 6th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Front Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 3 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octob. 5th 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eckstine

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, W. Male

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 177 West

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 7th 1889

Geo. L. Smith M. D.
Medical Attendant.

Undertaker, Julius J. Koehler

Place of Business, Sharp & Cross *Address,* 313 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Ba...

~~Permit No.~~ 51792

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Mack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 10 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} № 284 Cross St

Cause of Death, First, (Primary.) Diphtheria Maligna

Second, (Immediate.) Asphixia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 7th 1881

C. L. Buddenbohm *M.D.,*
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 166 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Jekel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 490 Harford Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 7 1881

Undertaker, H. Hofmeyer

Place of Business, 63 N. Eden

John D Schultz M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 57794

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT. 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ann Bentley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 189 East St

Cause of Death, First, (Primary.) Cancer of the Stomach & Liver

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, October 7th 1881

Undertaker, Daniel W. Chase

Place of Business, 198 S. Howard St. *Address,* 134 N Eutaw St

Sam J Bell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of B...

Permit No. 57795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Oct 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Carey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, { Give street and number. } 105 Caltedral

Cause of Death, First, (Primary.) Old age of Paralytic Stroke

Second, (Immediate.) a Fall from bed

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, October 6th 1881

C B Gamble M.D.,
Medical Attendant.

Undertaker, Chas T Sevierce

Place of Business, 271 N Eutaw

Address 5 7 Calvert Sta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51796 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arbus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Point Lawyer Hunter Ave

Cause of death, First, (Primary,) Enteric Catarrh

Second, (Immediate,) Marasmus

Duration of Last Sickness, 5 Days ✓

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct. 8/81

Undertaker, Chas H Bartlett

Place of Business, 61 W. Balt St

Fahlen M. D.,
Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba...

Permit No. 5797

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Neal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Yellow

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, three days

Place of Death, {Give street and number.} 33 Clay St.

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate.) Acute Phthisis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, Oct 7th 1881

Undertaker, John L Jones

Place of Business, 268 Park ave

H. P. Morgan *M.D.,*
Medical Attendant.

Address, 119 W Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Ba...

Permit No. 51798

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug. H. Rugg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 188 Harford Ave.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Acute Nephritis

Duration of Last Sickness, One weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 7th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm. Frost Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager

...t from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

...TION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...hysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...rty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...he can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

OCT 7 1881 BALTIMORE

Date of Death, Oct 6, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M^c Elroy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Undertaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 57 Parkin St.

Cause of Death, First, (Primary.) 2½ hours fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 7

Undertaker, Blakistan & Son

Place of Business, 22 S. Carey

Wm B. Campbell M.D.,

Medical Attendant.

Address, Balto. General Disp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Jones

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number} 177 Preston St

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate,) do

Duration of last Sickness, Ill nine days

All the above information should be furnished by the Physician.

Place of Burial, York P A

Date of Burial, October 7th 1881

Undertaker, [illegible]

Place of Business, [illegible]

W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[over]

J. C. MYERS & CO., CITY PRINTERS AND STATIONERS.

[illegible] Jones